



SERVICE REQUEST FORM

Service Request must be lodged by authorized dealer or customer, purchase invoice is required upon submission. By completing this form, you agree to cover all costs if call out is not warranty related. If there is no fault to be found, a callout fee will be required to be paid by the customer.

Customer:

Preferred Time:

 8am - 11am 1pm - 4pm

Date:

Contact Name:

Contact Phone:

Address:

Purchase Date: Must Provide Invoice

Dealer & Sales Rep:

Make & Model:

Serial Number:

Gas Fitter/Tradesman Name:

Gas Fitter/Tradesman Phone:

Gas Fitter License No:

Plumbing Certificate of Compliance No:

Is Regulator Installed:

 Yes No

Gas Hose Connection to Unit:

 Straight Bent Flexible Hose

Commissioned According to Manual:

 Yes No

Gas Regulator Outlet Pressure: Main Gas Line Size & Distance from Meter:

Description:

On Site Review:

Blocked Pilot: Yes <input type="checkbox"/> No <input type="checkbox"/>
Pilot Not Holding: Yes <input type="checkbox"/> No <input type="checkbox"/>
Faulty Thermocouple: Yes <input type="checkbox"/> No <input type="checkbox"/>
Gas Leak: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Chargeable <input type="checkbox"/> Under Warranty

Highlighted area MUST be filled before any job can be logged

Quote to Fix: By Signing below you agree to the charges to be paid upon completion of work.

Customer Name: _____

Customer Email: _____

Customer Sign: _____