



Service Request

Customer intake — phone or counter

CUSTOMER

NAME

PHONE

WHERE THE WORK IS

EMAIL

DATE TAKEN

TAKEN BY

THE PROBLEM

WHAT IS HAPPENING?

☐

No gas

☐

Smell of gas

☐

Appliance not working

☐

Regulator / leak

☐

Other

TELL US A BIT MORE *e.g. the pool heater ran fine last week, now it clicks and shuts off. Gate code, dog in the yard.*

HOW SOON?

☐

Today

☐

This week

☐

Whenever suits

OFFICE

ASSIGNED TO

SCHEDULED FOR

WORK ORDER #

OFFICE NOTES