

KASSON & KELLER SERVICE REQUEST FORM
PHONE (800) 452-7535 * EXT. 243 Angela Belfance * FAX (518)853-3299

DATE: _____



DEALER / DISTRIBUTOR:	BUILDER / CONTRACTOR:	HOME OWNER:
NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
PHONE:	PHONE:	
FAX:		WK:
CONTACT:	MISC:	MISC:

ORDER INFORMATION

K & K ORD. # _____ ORG. P.O. # _____ ORIGINAL DATE: _____

PRODUCT TO BE SERVICED

REASON FOR REQUEST

INSPECTED BY

SUGGESTIONS FOR REPAIR

COMMENTS / DIRECTIONS

THIS SITUATION HAS BEEN CORRECTED TO MY SATISFACTION

Customer's Signature: _____

Date: _____