

**KASSON & KELLER**  
**SERVICE REQUEST FORM**

PHONE (800) 452-7535 - EXT. 313 ANGELA BELFANCE - FAX (518) 853-3299

DATE OF REQUEST: \_\_\_\_\_

DEALER LOCATION:	HOME OWNER/BUILDER:	ORDER INFORMATION:
NAME:	NAME:	K&K ORDER #:
ADDRESS:	ADDRESS:	DEALER P.O. #
		ORIGINAL DATE:
PHONE:		CLAIM #:
CELL:		SALESMAN NAME:
CONTACT:	PHONE:	

PRODUCT(S) TO BE SERVICED: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

PARTS SENT TO SUB-CONTRACTOR?

YES  NO

PARTS SENT TO DEALER?

YES  NO

IF YES, K & K ORDER # : \_\_\_\_\_

INSPECTED BY: \_\_\_\_\_

SUGGESTIONS FOR PARTS NEEDED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**DETAILS OF CHARGES**

SERVICE DATE: \_\_\_\_\_

SUB-CONTRACTOR: \_\_\_\_\_

MILEAGE: \_\_\_\_\_

TIME TO COMPLETE: \_\_\_\_\_