

SARASOTA FIREPLACE & BARBECUE SOURCE WORK REQUEST

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BUILDER: _____

SUPERVISOR: _____ CONTACT #: _____

• **JOB**

Subdivision: _____ Lot #: _____

Address: _____ Homeowner: _____

• **WORK REQUESTED**

-Trim Out: _____ Requested Completion Date: _____ House Access? _____

- Homeowner Consultation: _____ (\$65) Prepaid? Y/N Contact Name: _____ Phone: _____

-Service Call: _____

Issue: _____

-Warranty Request: _____

Issue: _____

***If service requested is not a warranty issue, a trip charge of \$55.00 will be billed. Example: gas or electrical (other subcontractor) issues.**

Notes: _____

Directions: _____

SIGNATURE: _____

DATE: _____

Please fax back with desired completion date and we will fax confirmation date as close as possible. Thanks for your business!

****Sarasota Fireplace Use Only:**

Items prepaid due at t/o: _____

Scheduled date: _____ Resolution: _____

MFG Warranty: _____ SFC Warranty: _____ BLDR. CHG.: _____