

CUSTOMER SERVICE REQUEST FORM

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WORK ORDER

REQUESTER NAME		LOCATION ADDRESS	
PHONE			
EMAIL			

PRIORITY LEVEL		ORDER DATE AND TIME	
DATE NEEDED		DATE DELIVERED	

WORK ASSIGNED TO		WORK BILLED TO	
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REQUEST DESCRIPTION

DESCRIPTION OF WORK COMPLETED

EXPLANATION OF INCOMPLETE WORK

WORK COMPLETED BY		DATE	
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WORK APPROVED BY		DATE	
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