

SANDRA JOHN CONCIERGE

Service Form & Customer Sign-Off

Contact Information

First Name: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

What type of service do you require? (Please Check One)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Window Treatment Measure | <input type="checkbox"/> Window Treatment Install | <input type="checkbox"/> Wallpaper Measure | <input type="checkbox"/> Wallpaper Install |
| <input type="checkbox"/> Window Treatment Cleaning | <input type="checkbox"/> Wallpaper Removal | <input type="checkbox"/> Wallpaper Preperation | <input type="checkbox"/> Picture Hanging |
| <input type="checkbox"/> Built in Cabinetry | <input type="checkbox"/> Addition or Alteration | <input type="checkbox"/> Kitchen or Bath | <input type="checkbox"/> Finished Carpentry |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Painting | <input type="checkbox"/> Reupholstery |
| <input type="checkbox"/> Furniture Repair | <input type="checkbox"/> Furniture Restoration | <input type="checkbox"/> Furniture Painting | <input type="checkbox"/> Slip Covers |
| <input type="checkbox"/> Delivery | <input type="checkbox"/> Set-up | <input type="checkbox"/> In Home Rearrangement | <input type="checkbox"/> Furniture Removal |
| <input type="checkbox"/> Furniture Disposal | <input type="checkbox"/> Local Moves | <input type="checkbox"/> Other | |

Specifics of Request

Project Time-Line

Start Date: _____
End Date: _____

Other Comments

**After Completion of the job above described, I hereby state that all work done was completed in a professional manner and all materials delivered were not damaged in any way. If there are any problems please list below in the comments section.

Comments

_____/ / _____/ /
Customer Date Sandra John Representative Date