

DATE:	
TIME IN:	TIME OUT:
TECH:	

YOUR COMPANY NAME HERE
STREET ADDRESS
CITY, STATE ZIP
PHONE 123-456-7890

<input type="checkbox"/> JOB COMPLETED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> FOLLOW UP SCHEDULED DATE:		

CHECK MARKS DENOTE:	Troubleshoot/ inspect	Unclog / Clean	Repair	Replace	Install	Rough-In	Finish Work	EQUIPMENT INFORMATION		NAME	HOME PHONE		
								MANUFACTURER	MODEL	STREET	WORK PHONE		
Water Softener								MANUFACTURER		CITY	STATE	ZIP	ALTERNATE PHONE #
Reverse Osmosis								MODEL		BILL TO			PHONE
Chemical Removal System								SERIAL NUMBER		STREET			PO #
Whole House Filter								MANUFACTURER		CITY	STATE	ZIP	<i>Thank You!</i>
Ice Maker Filter								MODEL		RECOMMENDATIONS			
Water Line (s)								SERIAL NUMBER		DESCRIPTION OF WORK			
Leak Search								Water Quality Test					
Slab Leak Search								pH					
Burst Pipe (s)								TDS					
Thaw Pipe (s)								Hardness					
Outside Silcock (s)								Chlorine					
Ball Valve								Test Water	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Sewer Main								I certify that the water pressure measured to be					
Sewer Ejector									_____ LBS. / SQ. IN.				
Sump Pump (s)								Service Type					
Trap (s) / Drain (s)								<input type="checkbox"/> Plumbing	<input type="checkbox"/> Drain Cleaning				
Kitchen Sink (s)								<input type="checkbox"/> Heating	<input type="checkbox"/> Air Conditioning				
Kitchen Faucet (s)								<input type="checkbox"/> Water Treatment	<input type="checkbox"/> Other _____				
Instant Hot / Disposal / Dishwasher								Warranty		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ DRIVERS LIC # _____ <input type="checkbox"/> CREDIT CARD # _____ EXP. DATE _____		AMOUNT	
Range (s) Lavatory Sink (s)								<ul style="list-style-type: none"> • All materials are covered by manufacturer's written warranty. • Workmanship and labor are warranted for 30 days unless otherwise specified. • Drain & sewer cleaning. Our 30 days warranty applies to residential work only. Restaurants and commercial establishments are not covered unless otherwise specified in writing. 	<input type="checkbox"/> REMOVE SCRAP <input type="checkbox"/> LEAVE SCRAP		SERVICE CALL		
Lavatory Faucet (s)									ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY.		FLAT RATE PRICE		
Water Closet (s)								TERMS: DUE UPON COMPLETION		SUB TOTAL			
Bathtub (s)								I hereby authorize the work described above and agree to the terms and conditions as stated on both sides of this form. I recognize that aged and deteriorated plumbing fixtures, piping and appurtenances may no longer be serviceable, and I agree to hold blameless Your Company Name Here for any damage or destruction to those items as a result of these conventional repair efforts. I agree to pay for all work, goods and/or services being provided and received.			TAX		
Bathtub Diverter (s)											DEPOSIT		
Shower Stall (s)										TOTAL DUE			
Shower Diverter (s)													
Whirlpool / Spa / Hot Tub													
Bar Sink (s)													
Bar Faucet (s)													
Laundry Sink (s)													
Laundry Faucet (s)													
Washer Machine / Dryer													
Water Heater													
Boiler (Steam / Hot Water)													
Baseboard (s) / Radiator (s)													
Hot Air Furnace													
Humidifier													
Radiant System													
Air Conditioner													

 AUTHORIZED SIGNATURE

 Flat Rate of \$

 DATE

