Construction Management and Consulting, LLC

ONE YEAR CUSTOMER SERVICE WORK REQUEST

(Must be received by the end of the 11th Month)

Name: _____ **Cell/Work No:** _____ **Email:** _____

Name: _____ **Cell/Work No:** _____ **Email:** _____

Address: _____ **Home#** _____

_____

Please do not repeat items, if you have submitted them on a previous list.

ITEM NO.	ITEM PLEASE PROVIDE DETAILED DESCRIPTION	DATE WORK COMPLETED	HOMEOWNER INITIAL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Homeowner acknowledges the above discrepancies represent the complete request:

By:_____ Date:_____
Homeowner

Homeowner acknowledges the above items have been repaired.

By:_____ Date:_____
Homeowner

****WHEN FILLED OUT, PLEASE MAIL, FAX OR EMAIL TO OUR OFFICE****

15 S. Grady Way, Suite 527, Renton, WA 98057