Construction Management and Consulting, LLC

30 DAY CUSTOMER SERVICE WORK REQUEST

(Must be received by 3rd week of occupancy)

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 FAX OR EMAIL TO OUR OFFICE****

451 SW 10th St, Suite 101, Renton, WA 98057
p.425.276.5075 | f.480.247.4360