



# Service Request

Date: \_\_\_\_\_

Dealer's Name: \_\_\_\_\_

Jobsite Contact: \_\_\_\_\_

Dealer Contact: \_\_\_\_\_

Jobsite Address: \_\_\_\_\_

Dealer's Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Shipper #: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

### PRODUCT TO BE SERVICED:

Window(s)                       Door(s)                       Other  
 Series #: \_\_\_\_\_ Product Size: \_\_\_\_\_ Glass Type: \_\_\_\_\_  
 Defect in:     Vent Panel (Left / Right)     Fixed Panel  
 Location:     1<sup>st</sup> Floor     2<sup>nd</sup> Floor     3<sup>rd</sup> Floor     Other

Description of Problem: \_\_\_\_\_  
\_\_\_\_\_

Window(s)                       Door(s)                       Other  
 Series #: \_\_\_\_\_ Product Size: \_\_\_\_\_ Glass Type: \_\_\_\_\_  
 Defect in:     Vent Panel (Left / Right)     Fixed Panel  
 Location:     1<sup>st</sup> Floor     2<sup>nd</sup> Floor     3<sup>rd</sup> Floor     Other

Description of Problem: \_\_\_\_\_  
\_\_\_\_\_

Madison Shipper # is required for approval of any service work.

*NOTE: Please make sure to complete all the information required before faxing. Incomplete information may delay the response time of our Service Department.*

### TO BE COMPLETED BY A MADISON SERVICE TECHNICIAN

#### CAUSE OF PROBLEM

Manufacturing     Installation     Handling     Other

#### ACTION TAKEN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_