

## Service Request Form

Thank you for considering us to service your fireplace. We will contact you within two business days (Monday – Friday) of your request to schedule your appointment.

In the event that we can not service your fireplace (i.e. you are out of our service area) we can refer you to independent service technicians for further assistance.

**\* Required Information.**

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_

Street Address\*: \_\_\_\_\_

City/State/ZIP\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email\*: \_\_\_\_\_

Existing Customer\*:

Service/Repair Call\*:

Maintenance Call\*:

Manufacturer\*: \_\_\_\_\_

:: Model\* #: \_\_\_\_\_

:: Serial #: \_\_\_\_\_

Gas Type\*:

Approximate Age of Unit\*: \_\_\_\_\_

Brief Description of Problem\*: