

# EAS ARCHITECTURAL SERVICE FORM

To be completed by installation crew leader at time of installation if there are any issues.

CUSTOMER NAME: \_\_\_\_\_ JOB # \_\_\_\_\_ DATE: \_\_\_\_\_

## SERVICE ISSUES THAT NEED REPAIR

VENDOR	OPENING	SASH	GLASS	FRAME	SCREEN	NEW WINDOW	NEW DIMENSIONS

## BALANCE ISSUES

VENDOR	OPENING	SIZE	EXISTING BALANCES	ORDERED BALANCES	PROBLEM CODE

*PROBLEM CODE #1 WINDOW WILL NOT STAY UP, #2 WINDOW HARD TO CLOSE*

## OTHER ISSUES

VENDOR	OPENING	OTHER ISSUE

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INSTALLER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



800-432-2204