

SERVICE REQUEST FORM

ORDER
NUMBER

EXAMPLE MANUFACTURING LABEL

59695 - 8

23.33 W X 16.89 H Rt:1W 8/9/2020
LS, E3C * PL = TOP Full

3300 - DS - F
711 - DH
Sch: 4511 - 3

GID:2
4511'45'3"0



For Helpful "How To" Service Videos,
Please visit Our YouTube Channel at:

BIT.LY/LINDSAYSERVICE

Today's Date ____/____/____ Preferred Date and Time of Service ____/____/____ : ____ AM PM
Date and Time Not Guaranteed

DEALER INFORMATION (homeowner to fill in this information)

Dealer Name _____ Original Order # _____

Dealer Contact _____ Dealer Phone # _____

HOMEOWNER INFORMATION

First Name _____ Last _____

Street Address _____

City _____ State _____ Zip _____

First Phone # _____ Second Phone # _____

Email Address _____

What Floor Level _____ Ladder/Lift Needed? Yes No Photos Yes No

Provide directions to the job site

- ISSUE(S): GLASS** Cracked Scratched Dirty
- VINYL** Cracked Scratched
- OPERATION** Lock WOCD Sash Vent(s)
- Blinds Won't Open/Close
- INTERIOR** Paint Lamination
- EXTERIOR** Paint Lamination
- OTHER** Water Air Infiltration

ADDITIONAL DETAIL(S):

Please complete, attach and email this completed service request to: OrdersMN@LindsayWindows.com



507-625-4278
1995 Commerce Lane
North Mankato, MN 56003
www.LindsayWindows.com