|  |  |
| --- | --- |
| rectangle-red Request For Service/Warranty Repair(1 Service Technician plus 1 vehicle)To: Catrina Dulay Email: cdulay@oneworkplace.comPhone: 510-729-7814NOTE: All areas in RED are to be completed to process this request |  d |
| **Date:**  |  |
| **Submitted by:** |  |
| **Phone Number:** |  |

### Location of Work to be Performed

|  |  |
| --- | --- |
| Company Name: |  |
| Customer OWP Account Number: |  |
| Customer Requisition or Purchase Order Number:  |  |
| Street Address |  |
| City and State |  | **Zip Code:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Building Number |  | **Station/Room Number:** |  |
| **Contact Name:** |  | **Phone Number:** |  |
| **Alternate Contact Name:** |  | **Phone Number:** |  |

#### List of Services Provided through Service

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] [ ] [ ]  | Minor Furniture AdjustmentsGrommet Hole DrillingFurniture Systems Electrical Repair | [ ] [ ] [ ] [ ]  | Chair RepairErgonomic IssuesFurniture Lock Repair ReplacementPanel cleaning, fabric protection, and parts. |

**Work to be Performed (Detailed Description)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Manufacturer:** |  | Ship Date: |  |
| Acknowledgement Number: |  | Finishes: |  |
| Model Number: |  | Quantity: |  |

**Special Instructions:**

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|  |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parts if required can take approximately 3.5 weeks to 4.5 weeks depending on vendor.**

**Minimum Service is 3 hours at $48.00 per hour. Non-warranted items will be billed.**