

Far West Industries

17731 Mitchell North Suite 200
 Irvine, CA 92614
 949-224-1970 ♦ 949-224-1963 (Fax)
 Email: Customer.Service@farwestindustries.com

REQUEST FOR SERVICE FORM

REQUEST DATE: _____

Dear Homeowner: Please do not submit this form unless access to your home can be arranged within 72 hours.

Owner: _____ **Lot/** _____ **Tract**
 (Last) (First) **Unit No.:** _____ **No.:** _____

Address: _____ **Project Name:** _____

Home Phone: () _____ **Business Phone:** () _____

Email: _____ **Cell Phone:** () _____

IMPORTANT NOTICE

Plumbing, electrical, heating-A/C, appliances, garage doors and openers, or flooring subcontractor should be contacted *directly* using the telephone numbers provided in your Orientation Guide and at your dwellingLIVE account on the web (see the "WHO TO CALL" list).

Please use only this form when submitting requests for other kinds of service. **THIS FORM MUST BE SUBMITTED TO THE IRVINE OFFICE OF FAR WEST INDUSTRIES (address shown above).** If additional forms are needed, please contact Far West's Customer Service Department.

FOR OFFICE USE ONLY			FOR HOMEOWNER USE	
WORK ORDER ISSUED TO	DATE ITEM COMPLETED	HOMEOWNER INITIALS	ITEM No.	PLEASE PRINT BELOW THE REQUESTED SERVICE ITEM ONE ITEM PER LINE ONLY

ADDITIONAL ITEMS MAY BE SUBMITTED ON PAGE 2.

HOMEOWNER SHALL PROVIDE ACCESS. PLEASE ADVISE BEST DAY(S) OF THE WEEK: _____ (AM/PM)
 If not at home, insured representatives of Far West Industries **may** ___ or **may not** ___ enter the above property to make necessary corrections.

Homeowner's Signature: _____ **Date Mailed:** _____

