



THREE MONTHS SERVICE REQUEST

CUSTOMER:

JOB NUMBER:

ADDRESS:

OCCUPANCY DATE:

11103 - 182 Street NW
Edmonton, AB T5S 2R3
Phone (780) 489-3028
Fax (780) 489-5141
Email: service@homexx.ca

PHONE NUMBER(S):

EMAIL ADDRESS(ES):

For office use only:

INSPECTION DAY:

PLEASE INDICATE BEST METHOD OF CONTACT

THREE MONTH INSPECTION DUE

DESCRIPTION - Please provide as much detail as possible**DETAILS:***i.e. Bottom pots and pans drawer does not close all the way***LOCATION:***Kitchen*

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DETAILS:**LOCATION:**

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DETAILS:**LOCATION:**

***NOTE: Nail pops and drywall cracks due to normal shrinkage and settlement will be repaired at year end (not painted)

HOMEOWNER SIGNATURE: _____

DATE: _____