

It is important that this form is completed with as much information as is available (mandatory fields are marked *).

If completing this form electronically simply click on the grey areas to input your details. Please ensure that all faults are confirmed before submitting this form and note that any non-warranty attendances will incur a call out charge.

NAME OF SOCIAL LANDLORD:

DATE OF REQUEST:

PART 1: CONTACT DETAILS OF PERSON REQUESTING SERVICE

NAME:

ADDRESS
(inc Postcode):

TELEPHONE:

MOBILE:

EMAIL:

PART 2: CONTACT DETAILS OF INSTALLER

NAME:

ADDRESS
(inc Postcode):

TELEPHONE:

MOBILE:

EMAIL:

PART 3: PRODUCT INFORMATION

PRODUCT NAME:

CONTROLS (tick box as appropriate): STANDARD REMOTE CONTROL TOP CONTROL

COLOUR FINISH:

DATE OF INSTALLATION:

DESCRIPTION OF FAULT:

FAULT CONFIRMED BY ENGINEER
(tick box as appropriate):

YES

NO

PART 4: CONTACT DETAILS OF TENANT

NAME:

ADDRESS
(inc Postcode):

TELEPHONE:

MOBILE:

NOTES: