



SERVICE REQUEST FORM

(THIS FORM IS NOT FOR PROPOSAL REQUESTS – PLEASE CALL 949-855-7807 FOR PROPOSAL REQUESTS)

Please complete one form per unit and FAX to 949-855-8935

PROJECT NAME: _____

MGMT CO: _____

Contact: _____
 Office
 Resident

Phone: _____

Unit #: _____

Alt Phone: _____

Address: _____

City/Zip: _____

Appointment Required? Yes__ No__ See below***

Email: _____

BILLING INFO: _____

PO#:

Address: _____

City/Zip: _____

Phone: _____

Fax: _____

LOCATION(S) OF LEAK: _____

(Must indicate approximate location of leak area, ie living room, NE corner)

*****Please be advised, if multiple leak repairs at one location, each repair will be charged individually*****

SPECIAL INSTRUCTIONS: _____

SELECT NOT TO EXCEED (NTE) AMOUNT:

NTE*: \$750 (flat roof) _____ \$1000 (tile/slope roof) _____ \$1000 + _____

If location is over 75 miles from our office, a time and travel charge of \$125.00 per visit will apply.

***If NTE amount is not selected, repair will be made at NTE amount based on roof type.**

****Minimum tarping charge - \$175.00 per unit.**

*****If we are denied access, or the request is cancelled after our crews arrive, there will be a \$175.00 service charge.**

AUTHORIZED SIGNATURE: _____ **DATE:** _____

By signing this form, you are authorizing Montross Companies to perform rain leak service at the above-referenced location and agree to pay the invoice for said rain leak service. Rain leak service repairs are not guaranteed due to existing condition of the roof.