



## SERVICE REQUEST FORM

***(THIS FORM IS NOT FOR PROPOSAL REQUESTS –  
IF YOU NEED A PROPOSAL, PLEASE CALL 949-855-7807)***

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

PROJECT NAME: \_\_\_\_\_ MGMT CO: \_\_\_\_\_

Contact: \_\_\_\_\_  Office  
 Resident Phone: \_\_\_\_\_

Unit #: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Appointment Required? Yes \_\_\_\_\_ No \_\_\_\_\_ See below\*\*\*

BILLING INFO: \_\_\_\_\_ PO#:

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*\*\*\*\*

LOCATION(S) OF LEAK: \_\_\_\_\_

(Must indicate approximate location of leak area)

SPECIAL INSTRUCTIONS: \_\_\_\_\_

**SELECT NTE AMOUNT:**

NTE\*: \$500 (flat roof) \_\_\_\_\_ \$750 (tile roof) \_\_\_\_\_ \$1000 + \_\_\_\_\_

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

**\*\*\*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.