



# 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 Phone: \_\_\_\_\_  
 Resident

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 NOT TO EXCEED (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.

\*\*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.