



SERVICE REQUEST FORM

Please complete all information clearly indicating the item on the original order requiring service. In the event an operating window requires service, state which sash when viewed from the outside.

Please use the following method to ensure the service request is received.

Email: service@delwd.ca or Fax: 905-561-2335

DEALER INFORMATION: **DEL SERVICE REFERENCE NO.:** _____

| | |
|----------------|--------------|
| Dealer: _____ | Date: _____ |
| Contact: _____ | Phone: _____ |
| Email: _____ | Fax: _____ |
| Address: _____ | |

CUSTOMER INFORMATION:

| | |
|----------------|------------------------|
| Name: _____ | Home Phone: _____ |
| Address: _____ | Alternate Phone: _____ |
| _____ | Email: _____ |

ORIGINAL ORDER INFORMATION:

| | |
|----------------------------------|-------------|
| Dealer Purchase Order No.: _____ | Date: _____ |
| DEL Order No.: _____ | Date: _____ |
| DEL Invoice No.: _____ | Date: _____ |

SERVICE REQUIRED:

| | |
|--------------------|------------------------|
| Description: _____ | Inspection Date: _____ |
| _____ | |
| _____ | |

Resolution: _____

I have read and understand the DEL Windows & Doors Service Policy. If the service shall not be covered as stated in the warranty, I am responsible for the charges incurred.

Signature: _____

VIEWED FOR LIFE™