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| --- |
| **A picture containing text  Description automatically generatedCUSTOMER SERVICE REQUEST FORM**  |
| **Company Name** | YOUR LOGO |
| 123 Company Address Drive |
| Fourth Floor, Suite 412 |
| Company City, NY 11101 |
| 321-654-9870 | email address |
|  |  |  | WORK ORDER |
| **REQUESTER NAME** |   | **LOCATION ADDRESS** |   |
| **PHONE** |   |
| **EMAIL** |   |
|  |  |  |  |
| **PRIORITY LEVEL** |   | **ORDER DATE AND TIME** |   |
| **DATE NEEDED** |   | **DATE DELIVERED** |   |
|  |  |  |  |
| **WORK ASSIGNED TO** |   | **WORK BILLED TO** |   |
|  |  |  |  |
| REQUEST DESCRIPTION |
|   |
|  |  |  |  |
| DESCRIPTION OF WORK COMPLETED |
|   |
|  |  |  |  |
| EXPLANATION OF INCOMPLETE WORK |
|   |
|  |  |  |  |
| **WORK COMPLETED BY** |   | **DATE** |   |
|  |  |  |  |
| **WORK APPROVED BY** |   | **DATE** |   |

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