# QUALICO® REQUEST FOR SERVICE

Lot #: _____

*Type of service:* 60 Day ○ Year End ○ Emergency ○

*For EMERGENCY please refer to your Homeowner's Manual or call 778-571-2111

Homeowner Name(s): _____

Address: _____ Subdivision: _____

City: _____ Postal Code: _____

CONTACT NUMBERS: Cell: _____ Home: _____ Business: _____

Possession Date: _____ Email: _____

**PLEASE REVIEW YOUR QUALICO HOMEOWNER'S MANUAL PRIOR TO FILLING OUT THIS FORM.**

| Item # | Room | Area | DESCRIBE THE PROBLEM AS ACCURATELY AS POSSIBLE | Office Use |
|---|---|---|---|---|
| *Example* | Great Room | Ceiling | Nail or screw pop in ceiling directly above TV alcove. | |
| *Example* | Kitchen | Counter | Some filler between counter top and back splash tile is loose or missing. | |
| *Example* | Master Bedroom | Plumbing | Pop up drain on left sink seems to be sticking open. | |
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If possible we would like the work scheduled on: _____

*1 of:* There is usually someone home, but please call before coming by. *(check one)* Yes ○ No ○

*or:* We will make arrangments for someone to be home all day when scheduled in advance. ○

Dated: _____

**QUALICO® DEVELOPMENTS (VCR) INC.**
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