



COMMERCIAL

2068 2ND Street, Norco CA 92860

Ph.: 951-681-6000 Fax.951-681-6000

SERVICE REQUEST

Information of notifier:

Date of request: _____

Name: _____ Phone: _____

Information of leak/repair:

Name of business: _____

Address: _____

Location of leak (be as detailed as possible): _____

Onsite Contact: _____ Phone: _____

Billing information:

Name: _____ Phone: _____

Address: _____

Email: _____

By signing below I acknowledge an invoice will be generated for having CRS techs travel to determine the cause of leak as well as perform temporary repairs at a standard rate of \$95 per man hour with a 4 hour minimum. Invoice will be sent to email address provided and is due upon receipt. Assuming the leak is under warranty we will invoice manufacturer directly for all charges.

Please submit this form to repairs@crscommercial.com. Once submitted allow for a minimum 72 hour turnaround time.

Signature: _____

Date: _____