

SERVICE WORK REQUEST



Request Date

TXservice@legacyhousingcorp.com

817-624-7565 ext. 125

DEALER INFORMATION

Dealer name:
Address:
City: State/Zip:
Phone: Requested By:
Email:

HOMEOWNER INFORMATION

Name:
Address:
City: State/Zip:
Home Phone: Cell:
Email:

HOME INFORMATION

Location of Home: PHYSICAL ADDRESS IF DIFFERENT FROM ABOVE
Manufacture Date: Under Warranty (Y or N):
Transported from factory by: Serial #:
Purchase Date: Model #:
Transport to site date:

SERVICE WORK INFORMATION

Manufacturer	Park/Dealer	Installer	Homeowner		Work description	(M)issing (T)ransport (D)effect
Legacy Use ONLY						
				1		
				2		
				3		
				4		
				5		
				6		
				7		
				8		
				9		
				10		
				11		
				12		
				13		
				14		

Customer Signature

Service Technician Signature

Approved By

Work done by (L)egacy, (D)ealer

Completion Date