



HARTFORD SOUTH, LLC

Commercial Roofing & Sheet Metal Contractors

LEAK/REPAIR CALL-IN SHEET

Called in by _____ Date _____ Time _____ AM/PM

Representing _____ Phone # _____

Billing Address: _____

P.O. Box (if applicable): _____

Project # (if applicable): _____

Warranty? Y / N If so, what type/expiration date? _____

Extra work order required? _____

EWO signed by whom? _____

Building/Project Name: _____

Tenants Name/ Address: _____

Contact at site: _____ Phone #: _____

Leak Location: _____

When was leak first noticed? _____

Has leak occurred previously? If so, when? _____

Comments/Special Instructions:

Office Use Only:

Call received by: _____

Verified by: _____ Date: _____

CC: JAR, FET (2), MY, File # _____