CHECK LIST	QUANTITY	ITEM OR PART DESCRIPTION		PRICE			6713 Netherland			
□ WATER HEATER □ ELEMENTS					A.A.	OODS	Wilmington, NC Phone: (910) 452	2-7900	0P	
☐ THERMOSTAT ☐ RELIEF VALVE							Fax: (910) 452-	7913	DATE	
☐ DIP TUBE☐ ELECTRICAL CONN.							LICENSE # 10	790	DATE ORDERED	
GAS WATER HEATERS THERMOCOUPLE BURNER CONTROL (GAS) FLUE PIPE RELIEF VALVE					NAME		E-MAIL		DATE SCHEDULE	_/ ED
					STREET				PHONE PHONE	_/
					CITY		STATE	ZIP	WK. OR CELL	
☐ TOILET ☐ BALL COCK					MAKE	MODEL	SERIAL NI	JMBER	□ WARRANTY □ CONTRACT □ SERVICE CO	ONTRACT
☐ FLAPPER ☐ SUPPLY LINE					JOB				NORMAL	COMM.
☐ WAX SEAL & CLOSET BOLTS					LOCATION DESCRIPTION OF WORK				SERV	
DRAINS CLEANING KITCHEN SINK WASHER LINE MAIN LINE					BESONII HONOI WONK				SERV	
☐ LAVATORY LINE ☐ TUB OR SHOWER										<u> </u>
										1
										T
☐ TUB & SHOWER			() ()							<u> </u>
☐ TUB VALVE ☐ TRIP LEVER ☐ SHOWER DIVERTER ☐ TUB OR SHOWER DRAIN		OTAL PARTS								I
	OR A	DDITIONAL PARTS	通常							
□ NEW CONSTRUCTION	S	UBLET	和抗体							1
CRAWL SPACE ROUGH DRAINAGE	0	THER	如德		LABOR CHARGES	HRS. @	/HR.=			
P.S.I SLAB ROUGH DRAINAGE P.S.I.	TOTAL OTHER CHARGES			TECHNICIAN SIGNATURE		TOTAL OTHE	R CHARGES	>	1	
	OUR TRAINED PERSONNEL SUGGEST		PARTS WARRANTY All parts as recorded are warranted as per manufacturer specifications.		TERMS: DUE UPON C		TOTAL			
☐ TOP OUT DRAINAGE	THI	THE FOLLOWING IMPROVEMENTS:		ANTEE rge as recorded here	ORDER AS OUTLINED	Y FOUIPMENT OR MATE	THAT THE SELLER WILL			Ţ
P.S.I				uaranteed for a period	FINAL & COMPLETE I MADE AS AGREED, TI	PAYMENT IS MADE, AND HE SELLER SHALL HAVE	IF SETTLEMENT IS NOT THE RIGHT TO REMOVE	TRIP CHARGE		
DRAINAGE				an those we supply. If ecome necessary due	SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DA RESULTING FROM THE REMOVAL THEREOF.			TAX		1
P.S.I PRESSURE REGULATOR			to other defective parts, they will be charged separately.							1
□ BOOSTER PUMP □ FINAL			-	VEL TIME				TOTAL AMOUNT		Ī
COMMERCIAL REPAIR	C F		TIME ARRIVED			AUTHORIZED SIGNATUR	RE	DUE		
☐ FLOOR DRAINS ☐ D/WASHER BOOSTER	A W		TIME DEPARTED		ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY CO				OPY.	
☐ GREASE TRAP			TRAVEL TIME	X					DATE	