



217 Stover Road
Charlevoix, MI 49720
(800) 632-9827
Fax: (231) 547-4237

Initial Service Call Request

Date: _____

Sales Representative: _____

CUSTOMER NAME: _____

POINT OF CONTACT (POC): _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

DATE OF INVOICE: _____

INVOICE NUMBER: _____

JOB NAME: _____

JOB LOCATION: _____

POC AT JOB LOCATION: _____

NATURE OF COMPLAINT/CONCERNS: _____

Email any available related pictures to service@wojan.com.

RESOLUTION OF
COMPLAINT/CONCERNS: _____

INITIAL VISIT DATE: _____

PROJECTED SERVICE AND TIME OF REPAIRS: _____