

# Sky-View Glass LLC

7660 SE 59<sup>th</sup> Court #102

Ocala, FL 34472

PH: 352-693-2306

admin@skyviewglasscompany.com

## Warranty-Service-Quote Information Sheet

**Date of Contact:**

**Name of Contact for Job:**

**Contact Phone Number:**

**Contact Email Address:**

**Contact for Job: (if different than above):**

**How did you hear about us?**

**Referral Name (if applicable)**

**Other**

**Please select the request for work:**

**Is this emergency work (\*\*May be subject to additional charges)?**

**Does the contact need to be present at time of quote/service/warranty?**

**Does this job need ladder or lift for quote/service/warranty work?**

**Special notes for date of service:**

**Job Name, if a business:**

**Job Address:**

Street Address

City

State

Zip Code

**Billing Contact:**

**Billing Address:**

Street Address

City

State

Zip Code

**Additional Information (windows/glass; doors; storefront; hardware; weather stripping):**

**Message taken by:**