



**Pharaoh Demonstration
Customer Service Work Order Form
Notice Of Repairs**

Phone (949)113-0888
Fax (949)113-0996

Date: 05/11/2002

Notify Customer Service

Work Order # 000060-003
Recv Date: 10/17/2001

Subcontractor

Name: COLOR TILE
Address: 5544 GROVER LN
City: LAGUNA HILLS CA 97161

Phone: (949)818-7171
Fax:
Contact: GARY SIMMS

Project: San Juan Estates Tract: 51665 Lot: 02 Service Rep: Jon Nemus
Phase: ESTATES -PHASE1 Plan: 20 Closing Date: 03/10/1999
Phone: (949)661-2779 Out of Warranty Date: 03/10/2000

Homeowner: JON & MARY SMITH

Address: 5143 OAK BLUFF

City: SAN JAUN CAPISTRANO CA 91871

Phone (Home):
Phone (His Work):
Phone (Her Work):

Call Homeowner Direct: Yes: X No: _____
Contact Customer Service For Entry: Yes: _____ No: _____ Phone _____

Repair Description:

Number	Description	Sched	Amount
003	Tile in Kitchen Area is damaged	/ /	0.00
004	Grout color in bathroom 2 is not what was ordered	/ /	0.00

Notify Customer Service within 24 hours of receipt to schedule work. Completion of work is to be 72 hours unless authorized by our Customer Service Rep.

The Above Repair Has Been Completed To My Satisfaction:

Work Accepted By: _____
Homeowner Signature

Date: _____

Work Completed By: _____
Warranty Representative

Date: _____