

# Carpet and Vinyl Flooring Work Request Form

Today's Date \_\_\_\_\_

Ordered By \_\_\_\_\_

Phone Number \_\_\_\_\_

Address or Building Name \_\_\_\_\_

Apartment # \_\_\_\_\_

\_\_\_\_\_

1 B/R  2 B/R  3 B/R  Other (specify) \_\_\_\_\_

\_\_\_\_\_

Vacant  Occupied \_\_\_\_\_

**Carpet Instructions** (If only certain rooms require replacement, or if there will be a change in configuration, please specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Vinyl Flooring Instructions** (Please specify which rooms require replacement, or if there will be a change in configuration)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested Installation Date \_\_\_\_\_

Thank you for your request. Please fax this form to our office **at least a two or three business days prior to your requested installation date**. We will call you by the end of the business day to confirm your instructions and the installation date.



**Fax 310-539-5841**

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