

Preliminary Dryer Repair Form



For brand, model and serial, fill out the below or provide clear pictures of the tags.

Brand	
Model #	
Serial #	

Main Contact for Scheduling

Address of Appliance	
Name (First & Last)	
Phone #	
Email	

Billing Info

Company/Landlord Name	
Billing Address	
Phone #	
Email	

Property Info

Is there available parking for technicians?		
Guest Stalls	Designated Area	Street Parking
Does the property only allow servicing at a certain time?		
Yes, only from ____ to ____.		No, normal operating hours is fine.

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Dryer Not Heating/Long Dry Times

Leave blank if non applicable.

Does the dryer spin/start?	Yes	No
Continue if "Yes", move on to the next section if "No".		
Any heat within the first 30 seconds?	Yes	No
If the above is "Yes", clean any lint build up from the vent (if accessible).		
Is the venting area accessible?	Yes	No
Is the dryer working properly now?	Yes	No

Dryer Does Not Spin

Does the dryer make any noises when pressing start?	Yes	No
Are you able to spin the drum by hand?	Yes	No
Are there any issues with the dryer door? e.g. bent or crooked.	Yes	No

Unit Information

Is the dryer stacked on top of a washer?	
Yes	No
Is the appliance inside of a laundry closet?	
Yes	No
If "Yes" to the above, is the doorway for the laundry closet at least 5 inches wider than the appliance?	
Yes	No, see below
If the doorway is not at least 5 inches wider than the appliance, please provide pictures of the surrounding area.	

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Please provide as much additional information as possible.