

Preliminary Icemaker 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.

Where is the icemaker located?	Freezer		Refrigerator
Does the water dispenser work?	Yes	No	N/A
Is the freezer warmer than normal?	Yes		No
Is the refrigerator warmer than normal?	Yes		No

Above 10 degree fahrenheit	Below 10 degrees fahrenheit
Unable to provide this information	

Date	Time	Location	Weather	Remarks