

Preliminary Oven 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.

Bake	Broil	Both
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Does the oven heat up at all when the bake is selected?	Yes	No
If the above is "Yes", is the oven not reaching the correct temperature or are things under/over cooked?	Not reaching correct temp	Undercooked/ Overcooked

Does the bake function work properly?	Yes	No
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Date	Time	Location	Weather	Remarks