



**EMS**

# Energy Management Services

Service Call Received

## SERVICE REQUEST FORM

Please Return Completed Form:

**Energy Management Services**

15008 35th Ave. W. #C

Lynnwood, WA 98087

Office: (425) 741-3526, 46 Fax: (425) 741-3521

Email: [ems@emsiwa.com](mailto:ems@emsiwa.com)

### Account Information

Client Name (Requestor)		Facility Name	
Phone Number	Fax Number	Facility Address	
Requestor Email	Power Company	City: <b>WA</b>	Zip:
Business Hours			

Date Needed	
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Sales Person	
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Service Request Description	Manufacturer

Special Instructions	

Requester Signature: \_\_\_\_\_ Date \_\_\_\_\_

*For Energy Management Services USE ONLY*

### PROOF OF SERVICE RECEIPT

Date Received	
Received By	
Completion Date	

SERVICE REQUEST NUMBER:	
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Service Request Appointment (Date/Time)

EMS Representative/Installer Name

Job Description