

Industrial Services & Engineering

15 Extension Street, Attleboro, MA 02703

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www.iseengineering.com



SERVICE REQUEST FORM FOR FAXING

If you prefer to fax this form rather than use our online service request form, please print these pages, fill them out, and fax to (508) 226-8880.

TODAY'S DATE: _____ DATE OF LOSS: _____

INSURED'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE (HOME): _____ PHONE (WORK): _____

PHONE (CELL): _____

LOSS LOCATION (IF DIFFERENT):

ADDRESS: _____

CITY, STATE, ZIP: _____

ITEM(S) TO BE PICKED UP OR INSPECTED:

BOILER:

FURNACE:

CHIMNEY:

*HOT WATER HEATER:

*WELL PUMP:

*A/C COMPRESSOR:

APPLIANCE:

OTHER: _____

REPORTED CAUSE: _____

* These items must be detached from any piping or disconnected from system before pick up.

SPECIAL INSTRUCTIONS: _____

NAME OF INSURANCE/ADJUSTING COMPANY: _____

CONTACT AT COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ EXT: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

INSURANCE CARRIER: _____

POLICY NUMBER: _____ CLAIM NUMBER: _____

SEND REPORT TO: _____

SEND INVOICE TO: _____

SEND FINAL REPORT BY: US MAIL

E-MAIL