



Leak Call Report Form Work Order

Contact Information

Date: _____ Time: _____
 Name: _____
 Phone #: _____ Fax #: _____

TO BE COMPLETED BY THE PERSON/COMPANY REQUESTING WORK

Purchase Order Number (if any): _____

Billing Information:
 Name: _____
 Address: _____
 Address 2: _____
 City/St./Zip: _____
 Billing Contact: _____
 Phone #: _____
 Fax #: _____
 Is this job still under Kodiak/manufacture warranty?*

Kodiak Warranty Manufacturer Warranty
 No Warranty

*If under manufacturer warranty, please contact the manufacturer and request that they issue Kodiak Roofing a work order.

Worksite Information:
 Building Name: _____
 Jobsite Address: _____
 Address 2: _____
 City/St./Zip: _____
 Jobsite Phone #: _____
 Jobsite Contact: _____
 Access Hours: _____
 Directions from hwy 65 (Lincoln): _____

Leak Area (Building, part of roof, etc...) _____
 Special Instructions (Parking Area, Building, Lock Box Code, Roof Access, Roof Height): _____

Description of leak: _____

Kodiak's standard service rates are \$75.00 per hour per man (portal to portal) with a two hour minimum. After hours (5pm-7am and weekends) and emergency rates are \$150 per hour per man (portal to portal) with a two hour minimum.* The undersigned signature authorizes Kodiak to proceed with the work requested and holds the related job owner or agent responsible for all services rendered that do not fall under applicable warranty.

Authorization (Print Name)
Authorized Signature
Date

*After Hours Emergency Number: 916-253-1911