

CUSTOMER & CONTACT INFORMATION

Customer / Company Name

Date Submitted

Primary Contact

Best Phone

Alternate Phone

Email Address

Preferred Contact

Preferred contact method:

☐

Text

☐

Call

☐

Email

SERVICE LOCATION

Street Address

City

State

ZIP

Property type:

☐

Residential

☐

Commercial

☐

HOA / Multi-unit

☐

Other

Site contact / access notes (gate, lockbox, parking, stairs, pets, etc.)

BILLING INFORMATION

☐

Billing address is the same as the service location (leave address fields below blank).

Bill To / Company Name

Billing Email

Billing Street Address

City

State

ZIP

SERVICE REQUEST

Service needed:

☐

Repair

☐

Routine service / maintenance

☐

Inspection

☐

Urgent service

☐

Coastal Care maintenance plan

☐

Other

Preferred Service Date

Preferred Time / Window

Previously serviced by Coastal?

LIFT / EQUIPMENT INFORMATION

Lift type: ☐ Cargo lift ☐ Passenger lift ☐ Commercial lift ☐ Dumbwaiter / Other

Manufacturer: ☐ WC Lifts ☐ Legacy ☐ Galaxy ☐ Beach Butler
☐ ELS ☐ Amerilift ☐ Other / Unknown

Model / Series

Serial Number

Approx. Install Year

Number of Stops

Approx. Travel Height

Gate / Door Position (if known)

CURRENT CONDITION & SYMPTOMS

Is the lift currently operating? ☐ Yes ☐ No ☐ Intermittently

Check any that apply: ☐ Will not move ☐ Stops / hesitates ☐ Unusual noise ☐ Gate / door issue
☐ Controls / remote ☐ Limit / stop issue ☐ Power / electrical ☐ Corrosion
☐ Storm / lightning / water damage ☐ Cable / drive concern ☐ Other

Describe the issue, what the lift is doing, and any error messages or unusual sounds:

When did the issue begin?

Last service date (if known)

Prior work order / invoice #

PHOTOS & ADDITIONAL INFORMATION

Please attach clear photos with the returned form when possible: full lift, drive/head unit, controls, gates/doors, and any damaged area.

Anything else we should know before we contact you or arrive on site?

CUSTOMER ACKNOWLEDGMENT

Submitting this form is a request for service and does not confirm an appointment. Coastal Lifts will contact you to review the request, scheduling and applicable service charges before dispatch.

Customer Name / Signature (typed name accepted)

Date

COASTAL LIFTS OFFICE USE ONLY

Received By

Date

Technician

Work Order / Invoice #

Scheduled Date

Time / Window

Status / Notes