UWIN VALUED CUSTOMER INTAKE

Once you have contacted the Franchise Company* that performed your work and you are still not satisfied, please complete the below and email it to UWIN at UWIN will work with you and the Franchise Company* to resolution.

loday's date:			
ZIP Code of issue property:			
Date your issue discovered:			
What is the topic of your issue:			
Approximate dollar amount of issue:			
Who are you?			
Owner/Individual Name:			
Address:			
City:	State:	ZIP:	
Phone Number: ()	_ Email:		
Do you pay a membership fee for our Home Services Plan?			
What are the facts of your issue? Please attach typed or hand-written details.			
Please provide us all supporting documentation related to your issue.			
Who performed your work?		_	
Franchise Company* Name:			
Individual(s) Name(s):			
Address:			
City:	State:	ZIP:	
Phone Number: () rev. 07/19	_ Email:		
*Each Franchise Company is ind	ependently owned a	nd operated.	

PLEASE USE FOLLOWING PAGES TO PROVIDE DETAILS OF ISSUE

UWIN VALUED CUSTOMER INTAKE

Please provide details below:		

UWIN VALUED CUSTOMER INTAKE

Provide details below (continued):