

District# _____ County Name: _____ Manufacturer Name: _____

Service Center Information Form

ID Number: _____

(THIS IS FOR AUTOMATION AND WILL BE GIVEN BY KDOR-IT DEPARTMENT AFTER APPROVAL)

Service Center Name:	
Owner:	
Service Manager:	
Accounts Payable:	
Installer Name & Address:	
Installer Name & Address:	
Installer Name & Address:	
Installer Name & Address:	
Service Center Address:	
Primary Phone:	
Mobile Phone:	
Fax:	
Email:	
Website Address:	
Hours of Operation M-F:	
Sat:	
Sun:	
Services Excluded:	
Specialty Services:	