

Southfield Town Center Fire Extinguisher Service Form

Tenant Name: _____
 Building/Suite: _____
 Telephone: _____
 Contact Name: _____

Please include the following fire extinguishers, located within our suite, in the annual fire extinguisher inspection conducted for the Landlord, in the 1st quarter of the year:

LOCATION

Provide specific location of each extinguisher. List additional extinguishers on separate form.

If you have more than one floor, complete one form for each floor. Floor _____

1 _____
 2 _____
 3 _____
 4 _____

<u>Work Item</u>	<u>COST</u>	<u>Unit Price</u>	<u>Service Code</u>
Service Charge		\$15.00	SC
Annual Inspection Charge		\$4.25 ea.	INSP
5lbs. Dry Chemical Recharge		\$11.96 ea.	5DC
10lbs. Dry Chemical Recharge		\$17.00 ea.	10DC
5lbs. Carbon Dioxide Recharge		\$10.00 ea.	5CO2
10lbs. Carbon Dioxide Recharge		\$12.00 ea.	10CO2
Hydro Testing		\$10.51 ea.	HT
Quad Ring		\$4.00 ea.	QR
Pull Pin/Safety		\$3.00 ea.	PP
Valve Stem		\$16.00 ea.	VS
Valve Repair		\$10.00 ea.	VR
Verification of Service Collar		\$3.00 ea.	VSC
New 5 lb. Dry Chemical Extinguishers		\$39.95 ea.	NE

I agree to the charges listed above and understand I will be invoiced for all applicable charges immediately following completion of this work:

Name: _____
 Signature: _____ Date: _____

Fax this form to 248-415-0049

Service Technician's Use Only

Service Date: _____

Technician: _____

<input type="checkbox"/> Inspection	<input type="checkbox"/> Repair Detail	_____
<input type="checkbox"/> Inspection	<input type="checkbox"/> Repair Detail	_____
<input type="checkbox"/> Inspection	<input type="checkbox"/> Repair Detail	_____
<input type="checkbox"/> Inspection	<input type="checkbox"/> Repair Detail	_____

Notes: _____

