

CHIMNEY SERVICE REPORT

2321153

SERVICE PROVIDER:

Village Sweep

Chimney Cleaning and Repairs Since 1983
 FIREPLACES & STOVES, SPAS, POOLS & BBQ
 Napa 257-0777 Solano 429-0777
 Sonoma 545-0777 Contra Costa 925-674-0777
 3042 Rookville Road, Fairfield, CA 94534
 villagechimney@aol.com villagehearth.net
 CA Contractor #374228

CUSTOMER:

Name % Jackie Plata Plata Realty
 Address 865 Studding Sail
 City Vacaville State CA Zip _____
 Phone (____) 628-3685
 E-mail _____
 Directions to home _____

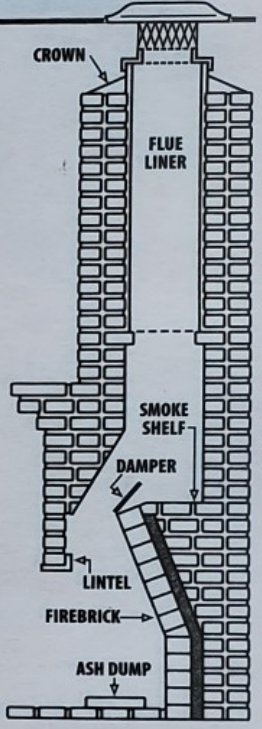
Technician Carmy
 Service date 10-13-11 Time 11-1

SYSTEM INFORMATION

Fireplaces, Number of..... 1
 Construction Masonry Factory-built Modular
 Fireplace opening sizes..... 1. _____" x _____" 2. _____" x _____" 3. _____" x _____"

Heating Appliances, Number of.....
 Type..... Insert Freestanding Furnace COPY
 Fuel..... Wood Coal Gas Oil _____

Chimney
 Construction..... Factory-built Masonry Other
 Chimney height..... 30 feet
 Liner..... Flue tile Stainless Cast Unlined
 Flue sizes..... 8"x8" 8"x13" 13"x13" 8"x17" 13"x17"
 6" Round 8" Round 8X19
 Last cleaned..... _____ year(s) ago Never Unknown



COMMENTS

light glazing in the flue system, and the flashing has areas that are not fully covered. Recommend roofer for repairs. The exterior of chimney has light cracks in the bricks, Monitor in the future.

ANNUAL INSPECTION

The National Fire Protection Association (NFPA) recommends annual inspection of all fireplaces, chimneys, and vents. The next inspection of your system is scheduled for: _____

CUSTOMER VERIFICATION

This report is the result of a visual inspection done at the time of cleaning. It is intended as a convenience to our customer, not as certification of fire worthiness or safety. Since conditions of use and hidden construction defects are beyond our control, no warranty is made for the safety or function of any appliance and none is to be implied.

I have read this form and understand the apparent condition of my fireplace, appliance, chimney, and/or vent system. Furthermore I understand the limitations of this report as given in the paragraph above.

Customer Signature _____ Date 10-13-11

INVOICE / RECEIPT

DESCRIPTION	PRICE
<u>Cleaning/Evaluation</u>	<u>249.00</u>
<u>paid check 844</u>	
Subtotal	
Total	<u>249.00</u>