

Repair intake form



Name: _____
Order#: _____
Email: _____
Phone number: _____
Date of drop off: _____
Requested completion date: _____

Repair process

1. The customer brings in the repair and we will go over how many broken pieces there are together. The customer can decide what pieces they would like repaired.

2. Lucent Glass repair **charge starts at \$80 per broken piece**. Repair costs may increase with complex shapes, glass pieces that are larger than 6"x12" and/or repairs that require a premium glass (more than \$25/ half foot.) This will be determined at drop off.

Glass used:

3. We will repair with glass that matches as closely as possible to the original glass. Over time glass styles and colours change or become unavailable. It is not always possible to find the exact same glass as what was originally used in the window. If the customer would like glass that matches perfectly it will increase the length of the repair time and cost.

4. The repair is paid in full at drop off and Lucent Glass will complete the repair within 4-8 weeks.

Description of work to be done:

I, _____, agree to the above terms.
(customer name)

Customer signature: _____

Date: _____

Lucent Glass staff: _____

Date: _____

Pick up

Date contacted for pick up and method of contact: _____

Date picked up: _____

Customer signature at pick up: _____

Thank you!