

Professional Service Recommendation

Lions Gate

Updates for the directory are done once a year. Please complete **one** form for each recommendation. Return your recommendations to the box in the mailroom. New recommendations are due March 17, 2017.

Service (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Air Conditioning/Heating | <input type="checkbox"/> Handy Man |
| <input type="checkbox"/> Appliances – New | <input type="checkbox"/> House Cleaning |
| <input type="checkbox"/> Appliances – Repairs | <input type="checkbox"/> Home Health Care |
| <input type="checkbox"/> Awnings | <input type="checkbox"/> Home Renovations |
| <input type="checkbox"/> Cabinet Work | <input type="checkbox"/> Interior Decorating |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Kitchen/Bath Remodeling |
| <input type="checkbox"/> Carpet & Flooring | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Carpet & Upholstery Cleaning | <input type="checkbox"/> Plumbing/Water Heater |
| <input type="checkbox"/> Computer/Technology | <input type="checkbox"/> Power Washing |
| <input type="checkbox"/> Counter Tops | <input type="checkbox"/> Roof Repair |
| <input type="checkbox"/> Duct Cleaning | <input type="checkbox"/> Wallpapering |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Window Replacement |
| <input type="checkbox"/> Fireplace Repair & Maintenance | <input type="checkbox"/> Window Washing |
| <input type="checkbox"/> Garage Door Repair | <input type="checkbox"/> Other_____ |

Company: _____

Town: _____ Phone: _____

Month/Year of service: _____

Comments: _____

Recommended by: _____

Address: _____