



- ✓ **Priority Service.** As a Service Partner™, you are our priority and jump to the head of the line when you call! Your job will be scheduled ahead of others. This applies to routine and emergency calls.
- ✓ **No Emergency Service Fees.** If you are in need of an emergency service, no matter what time of day or night you call, you will not pay a premium fee. You will receive the same quality service as always but pay only from the standard pricing menu.
- ✓ **10% Discount.** You will receive a 10% discount off the bottom line for our plumbing services for as long as our Service Partner relationship remains effective.
- ✓ **On-Going Safety Inspections.** Your peace-of-mind is our goal. We will assess your home's plumbing systems to ensure they are in a safe operating condition. You'll receive a detailed report of our findings and we'll explain any concerns. We'll alert you to potential emergencies before they become disruptive problems. Any minor adjustments will be done—FREE. We'll even call to schedule your appointments so you won't have to worry about it.
- ✓ **A Trusted Professional on Your Home Services Team.** Your technician is not only trained to care for your equipment, he's trained to care for you and your home. You'll take comfort in knowing our technicians are background checked and the first rate providers is all we'll allow into your home.
- ✓ **100% Satisfaction Guarantee.** We promise your complete satisfaction -- GUARANTEED! If you are not fully satisfied, let us know.
- ✓ **Transferable.** Your Service Partner agreement can either be transferred to your new home, or to the buyer of the home you are selling. Your choice.

#### Customer Information

Name (Cardholder) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

#### Service Partner™ Options

☐ Please automatically debit my credit card: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover

Account # \_\_\_\_\_ Expiration:

☐ Please automatically debit my checking account.

I hereby authorize the company (see above) to debit \$9.95 from my checking account every month, beginning after my application is approved. (**Note:** Please enclosed a voided check with this application when requesting this payment option.)

I understand that the monthly fee will continue until a written notice of termination is received at the address above. (Please allow up to two weeks for termination processing.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Representative \_\_\_\_\_ Date \_\_\_\_\_

**Only  
\$6.95  
per month!**



# Service Partner™

## Home Plumbing Evaluation

Service Partner:

Dispatch  
Number:

Technician:

Date:

### (A) BATHROOMS

BATH #1

BATH #2

BATH #3

#### WATER CLOSET

- |                             | YES                      | NO                       |
|-----------------------------|--------------------------|--------------------------|
| 1. Dye test - pass          | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Flush - pass             | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Seat tight               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Bolt covers tight        | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Base secure / level      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Emergency shut-off valve | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Supply tube              | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Anti-siphon fill valve   | <input type="checkbox"/> | <input type="checkbox"/> |

#### LAVATORY

##### SINK & FAUCET

- |                                  | YES                      | NO                       |
|----------------------------------|--------------------------|--------------------------|
| 9. Leaks                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Aerator                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Faucet mounted / secure      | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Handles                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Supplies                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Emergency shut-off valve     | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Drain piping / flow          | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Pop-up assembly operation    | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Shut-off / ease of operation | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Faucet operation             | <input type="checkbox"/> | <input type="checkbox"/> |

#### TUB / SHOWER

##### UNIT & FAUCET

- |                                  | YES                      | NO                       |
|----------------------------------|--------------------------|--------------------------|
| 19. Shower head                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Tub spout                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Handles                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Diverter assembly            | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Caulking                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Stopper operation            | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Drain assembly / flow        | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Shut-off / ease of operation | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Faucet operation             | <input type="checkbox"/> | <input type="checkbox"/> |

### (B) LAUNDRY

YES NO

#### FAUCET & LAUNDRY TUB

- |                             | YES                      | NO                       |
|-----------------------------|--------------------------|--------------------------|
| 1. Aerator                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Faucet mounted / secure  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Handles                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Drain flow               | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Trap & tubular piping    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Supplies                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Emergency shut-off valve | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Strainers                | <input type="checkbox"/> | <input type="checkbox"/> |

#### WASHING MACHINE

- |                              | YES                      | NO                       |
|------------------------------|--------------------------|--------------------------|
| 9. Hoses / hot & cold        | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Hose strainers clean     | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Emergency shut-off valve | <input type="checkbox"/> | <input type="checkbox"/> |

#### DRYER

- |                               | YES                      | NO                       |
|-------------------------------|--------------------------|--------------------------|
| 12. Gas / electrical supply   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Properly vented           | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Vent clean / unobstructed | <input type="checkbox"/> | <input type="checkbox"/> |

### (C) BASEMENT / UTILITY

YES NO

#### HOT WATER HEATER

- |                             | YES                      | NO                       |
|-----------------------------|--------------------------|--------------------------|
| 1. Emergency water shut-off | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Drain valve              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Safety relief valve      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Proper temperature range | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Burner assembly clean    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Gas / electric supply    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Emergency gas shut-off   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Draft / ventilation      | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Flu piping               | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. CO2 detector            | <input type="checkbox"/> | <input type="checkbox"/> |

#### SUMP PUMP

- |                      | YES                      | NO                       |
|----------------------|--------------------------|--------------------------|
| 11. Pit clean        | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Pump operation   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Discharge piping | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Check valve      | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Cover secure     | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Piping anchored  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Back-up system   | <input type="checkbox"/> | <input type="checkbox"/> |

### (D) GARAGE / YARD

YES NO

#### HOSE FAUCET #1

- |                        | YES                      | NO                       |
|------------------------|--------------------------|--------------------------|
| 1. Shut-off operation  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vacuum breaker      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sealed and anchored | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Anti-siphon device  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Drainable shut-off  | <input type="checkbox"/> | <input type="checkbox"/> |

#### HOSE FAUCET #2

- |                        | YES                      | NO                       |
|------------------------|--------------------------|--------------------------|
| 6. Shut-off operation  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Vacuum breaker      | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Sealed and anchored | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Anti-siphon device  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Drainable shut-off | <input type="checkbox"/> | <input type="checkbox"/> |

### (E) GENERAL

YES NO

#### WATER SUPPLY PIPING

- |                             | YES                      | NO                       |
|-----------------------------|--------------------------|--------------------------|
| 1. Proper flow / operation  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Emergency shut-off valve | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Anchored properly        | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Insulation / heat tape   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Pressure reducing valve  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Shut-off valves tagged   | <input type="checkbox"/> | <input type="checkbox"/> |

#### SANITARY SYSTEM

- |                              | YES                      | NO                       |
|------------------------------|--------------------------|--------------------------|
| 7. Proper flow / operation   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Leaks / corrosion         | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Clean-outs in place       | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Cover on FAV             | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. FAV proper height        | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Back water / check valve | <input type="checkbox"/> | <input type="checkbox"/> |

### (F) KITCHEN

YES NO

#### FAUCET

- |                                 | YES                      | NO                       |
|---------------------------------|--------------------------|--------------------------|
| 1. Aerator                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Faucet mounted / secure      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sprayer                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Shut-off / ease of operation | <input type="checkbox"/> | <input type="checkbox"/> |

#### SINK

- |                             | YES                      | NO                       |
|-----------------------------|--------------------------|--------------------------|
| 5. Drain flow               | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Trap & tubular piping    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Supplies                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Emergency shut-off valve | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Strainers                | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Food waste disposal     | <input type="checkbox"/> | <input type="checkbox"/> |

#### OTHER

- |                                 | YES                      | NO                       |
|---------------------------------|--------------------------|--------------------------|
| 11. Dishwasher hose loop        | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ice maker valve / line      | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Ice maker water filter      | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Instant hot water dispenser | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Soap dispenser              | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Dishwasher supply           | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Dishwasher drain            | <input type="checkbox"/> | <input type="checkbox"/> |

### (G) OTHER

YES NO

#### FIREPLACE

- |                | YES                      | NO                       |
|----------------|--------------------------|--------------------------|
| 1. Gas service | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Log lighter | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Gas logs    | <input type="checkbox"/> | <input type="checkbox"/> |

#### WET BAR

- |           | YES                      | NO                       |
|-----------|--------------------------|--------------------------|
| 4. Sink   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Faucet | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Drain  | <input type="checkbox"/> | <input type="checkbox"/> |

#### RECOMMENDATIONS:

☐ See additional recommendations on a separate sheet.