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 Lakeside@nwi.net



RESIDENTIAL MAINTENANCE AGREEMENT Date: _____

Customer: _____ Phone: _____
 Billing Address: _____ Cell: _____
 City: _____ State: _____ Zip: _____
 Job Location: _____ Tenant Phone: _____
 Tenant Name: _____ Notes: _____

This maintenance agreement is for one (1) to three (3) years and will provide the following:

A complete Fall service on the heating components and a complete Spring service on the cooling components. Coil cleaning is done as needed and billed at time and materials. Lakeside Heating and Air Conditioning, Inc. will obtain pre-approval prior to any servicing or repair beyond this agreement. Lakeside Heating and Air Conditioning, Inc. will provide you with complete precision tune-ups, professional cleanings and safety inspections as described below for your heating and/or air conditioning equipment during the term indicated. Not all services apply; it is based on the type of equipment that is being serviced.

Planned service customers receive priority service.

- Monitor refrigerant pressure
- Test starting capabilities
- Test safety controls
- Replace air filters with standard tri-dem filters
- Wash mesh air filters
- Clean and adjust blower components
- Measure for correct airflow
- Test defrost controls
- Tighten electrical connections
- Measure voltage and amps
- Test thermostat operation
- Clean condensate drains
- Measure temperature difference
- Monitor heating and cooling cycles
- Visual inspection for refrigerant leaks
- Inspect evaporator coils if accessible
- Inspect condenser coils
- Test reversing valve operation

Heat Pump or Air Conditioning Equipment:

Brand: _____ Model: _____ Serial#: _____
 Brand: _____ Model: _____ Serial#: _____
 Brand: _____ Model: _____ Serial#: _____

Furnace, Air Handler, Blower Coil Equipment:

Brand: _____ Model: _____ Serial#: _____
 Brand: _____ Model: _____ Serial#: _____
 Brand: _____ Model: _____ Serial#: _____

Humidifier or Filtration System:

Brand: _____
 Filter Sizes: _____

Terms of Agreement (see reverse side for additional terms and conditions):

One Year Plan \$ _____ **Two Year Plan** \$ _____ **Three Year Plan** \$ _____
 Fall Spring Fall Spring Fall Spring

Customer Approval: _____

Thank you for this opportunity to serve you!