CHIMNEY SERVICE REPORT

2182659

SERVICE PROVIDER:
Sonshine Chimney Service
319 390-4174

CUSTOMER:
Name Tom Stevenson
Address 164 Hummingbird Ln
City Iowa City State IA Zip 52240
Phone (_____) _____
E-mail _____
Directions to home _____

Technician Glen P Mangold
Service date 8-18-26 Time _____

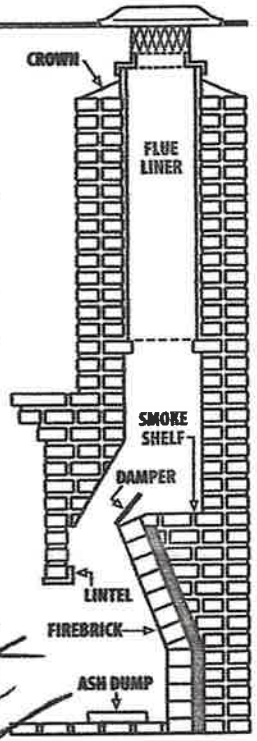
SYSTEM INFORMATION

Fireplaces, Number of: 1
- Construction: ☐ Masonry ☒ ~~Factory-built~~ ☐ Modular
- Fireplace opening sizes: 1. ____" × ____" 2. ____" × ____" 3. ____" × ____"

Heating Appliances, Number of: _____
- Type: ☒ ~~Insert~~ ☐ Freestanding ☐ Furnace ☐ _____

Fuel: ☒ ~~Wood~~ ☐ Coal ☐ Gas ☐ Oil ☐ _____

Chimney
- Construction: ☐ Factory-built ☐ Masonry ☐ Other
- Chimney height: _____ feet
- Liner: ☐ Flue tile ☐ Stainless ☐ Cast ☐ Unlined
- Flue sizes: ☐ 8"×8" ☐ 8"×13" ☐ 13"×13" ☐ 8"×17" ☐ 13"×17" ☐ 6" Round ☒ ~~8" Round~~ ☐ _____
- Last cleaned: _____ year(s) ago ☐ Never ☒ ~~Unknown~~



COMMENTS

Below Average Creosote Removed
Appears in good useable Condition!

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: 1 Yr

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 X TLS Date 8-19-26

INVOICE / RECEIPT

DESCRIPTION	PRICE
Clean + Sweep	$200.00
Pd: #5697	
Thank You.	
Subtotal	
Total	

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