horizontal line**Customer Request Form**

**1. Request Number:**[Auto-generated or Assigned]

**2. Date of Request:**[MM/DD/YYYY]

**3. Customer Details:**

* **Full Name:** [Enter full name]
* **Contact Information:** [Enter phone number, email, or both]
* **Address:** [Enter full address]

**4. Type of Request:**

* Product Inquiry
* Service Inquiry
* Complaint/Feedback
* Other: [Specify]

**5. Description of Request:**[Provide a clear and detailed description of the request. Attach supporting documents if needed.]

**6. Expected Resolution Date:**[MM/DD/YYYY]

**7. Additional Comments or Special Instructions:**[Provide any additional information or instructions related to the request.]

**8. Attachments:**

* Supporting Documents
* Other: [Specify]

**9. Status (For Office Use Only):**

* Resolved
* Pending
* Escalated
* **Remarks:** [Provide remarks if applicable]