



**FIRE**

# Safety Source Fire Inc.

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## Request for Repair / Service

Date: \_\_\_\_\_ Sales Rep: \_\_\_\_\_

Customer: \_\_\_\_\_ Customer Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Manufacturer of Product: \_\_\_\_\_ Product Name: \_\_\_\_\_

Serial Number (if applicable): \_\_\_\_\_

Describe the problem with the product:

### - INTERNAL USE ONLY -

Repair / Claim Tag # \_\_\_\_\_

Date Items Received: \_\_\_\_\_

Estimate of Repair if required

Warranty:  Yes  No Repair Only:  \$ \_\_\_\_\_

**This form is required to be returned with ALL products that require repair, service and/or warranty work.**