Return & Repair Form:

Customer Information:

Company Name: Lawnside Police Dept. B: _____ S: _____

Date Received: 1-20 09 Date Given to Service: _____

Carrier: FedEx – UPS – DHL – USPS **Method:** GRD – NDA – 2DY – 3DY – Other

Product Information:

Product: 7410 – 7110 – 6510 – 6810 Serial #: AR ILM - 0071

Description: A – B – Plus – Screener – Demo Printer Ser #: AR _____ - _____

Whole Instrument **Top ½** Sim Ser #: _____

Other _____ Probe Ser # DD _____ P - _____

ACCESSORIES:

☑ 110 V A/C Adapter ☐ Regulator ☐ Mag Card Rdr# _____

☐ Printer Paper ☐ Printer Ribbon ☐ Casio # _____

☐ Mouthpieces ☐ Carrying Case ☐ Dry Gas

Other (Please Specify) _____ Warranty Exp. Date _____

Repair Information: **Test #**

Reason for Return: FC

Part Number	Description	Qty	Total Cost
6808455	FC	1	W/CWARR
MPCAL71	CAL	1	W/CWARR
MPLABOR		.5	W/CWARR

Repair Notes:

REPLACE FC

CAL W/ QC. OPS CHECKS

Service Technician: _____ Date: 01/21/2009