

Repair Form

Please return this form with product to the address below:

Gallagher

Att: Repairs

2090 20th Avenue East, Box 576

Owen Sound, ON N4K 5R1

519-371-2141 Ext #5435

I am a: Dealer End User

Dealer # (if applicable):

Dealer Name (if applicable):

Contact Name:

Address:

City, State, Zip:

Phone No:

Fax No:

Email:

The best way to contact me is by: Phone Fax Email

Model#:

Owner Name:

Serial#:

Purchase Date:

- This product is under warranty. Please include a copy of the original purchase receipt. Without a receipt, warranty repairs cannot be guaranteed.
- This product is not under warranty. Please repair and return immediately and call only if repair cost is 50% of the retail value of the product or exceeds \$100.00.
- This product is not under warranty. Please phone with an estimate if the repair cost for this product is over \$ _____.

Please provide any additional information you have regarding the problem you are having with the product, including conditions under which the unit fails, etc.