

# Repair Form

Please return this form with product to  
the nearest 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.

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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.

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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.