



21955 Plummer St. Chatsworth, CA 91311  
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## SERVICE / REPAIR REQUEST FORM

Company Name: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

PO# \_\_\_\_\_

Return Shipping Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Unit Information

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

Serial #: \_\_\_\_\_

#### Service Evaluation

(\$120 fee, applied to the repair upon approval)

Full Check, Repair & Calibration

#### Expedite Repair

(\$200 for 2-3 day turnaround)

*(Standard turnaround is 3 weeks)*

Linearity & Stability Test

(Additional Cost, includes standard calibration)

If additional problems need repair, briefly describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_