

School Health Service Center Request Form

Billing Information:

School/Organization Name _____ Attention to _____

Address _____ City _____ State _____ Zip _____

Return Equipment to this Location: Same as above

School/Organization Name _____ Attention to _____

Address _____ City _____ State _____ Zip _____

Contact:

Name _____ Phone Number _____ E-mail Address _____

Work Needed (Please note the service you need for each product)

1.	_____	_____	<input type="checkbox"/> Calibration	<input type="checkbox"/> Repair	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Other
	Product/Model #	Serial #				
	Special Instructions _____					
2.	_____	_____	<input type="checkbox"/> Calibration	<input type="checkbox"/> Repair	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Other
	Product/Model #	Serial #				
	Special Instructions _____					
3.	_____	_____	<input type="checkbox"/> Calibration	<input type="checkbox"/> Repair	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Other
	Product/Model #	Serial #				
	Special Instructions _____					
4.	_____	_____	<input type="checkbox"/> Calibration	<input type="checkbox"/> Repair	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Other
	Product/Model #	Serial #				
	Special Instructions _____					

Other Instructions (if needed):

Fix equipment as specified on P.O. # _____

Call me with an estimate prior to repair.

How did you learn about the Service Center? Prior Service Catalog Email Sales Rep Website

Customer Service Conference Other _____

Shipping Instructions:

Fill out this form completely and make a copy for your records. **Please enclose it with the product(s) you are sending for service and ship to:**

School Health Corporation, ATTN: Service Center, 5600 Apollo Drive • Rolling Meadows, IL 60008