

# 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. \_\_\_\_\_  Calibration  Repair  Cleaning  Other  
Product/Model # \_\_\_\_\_ Serial # \_\_\_\_\_

Special Instructions \_\_\_\_\_

2. \_\_\_\_\_  Calibration  Repair  Cleaning  Other  
Product/Model # \_\_\_\_\_ Serial # \_\_\_\_\_

Special Instructions \_\_\_\_\_

3. \_\_\_\_\_  Calibration  Repair  Cleaning  Other  
Product/Model # \_\_\_\_\_ Serial # \_\_\_\_\_

Special Instructions \_\_\_\_\_

4. \_\_\_\_\_  Calibration  Repair  Cleaning  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, 865 Muirfield Drive, Hanover Park, IL 60133**