



## Repair Request Tag/Packing Slip

**Date:** \_\_\_\_\_

**Company Name & Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Machine/Equipment #** \_\_\_\_\_

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

**Model #** \_\_\_\_\_

**Part Description:** \_\_\_\_\_

**Failure Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Urgency:** \_\_\_\_\_ **Standard** \_\_\_\_\_ **Rush Evaluation**