



SERVICE REQUEST FORM

JOB #

JOB/SITE ADDRESS: _____

BUSINESS NAME: _____

SITE/CONTACT PERSON: _____ PHONE: _____

PRODUCT REQUIRING ATTENTION: _____

PROBLEM WITH PRODUCT: _____

ONSITE INDUCTION (PLEASE CIRCLE)	YES	NO	PARKING FEES REQUIRED (PLEASE CIRCLE)	YES	NO
TIME:			COST \$:		

PRESSURE REDUCING VALVE FITTED (PLEASE CIRCLE) YES NO

ONSITE WATER PRESSURE: _____ KPA ONSITE WATER TEMP: _____ °C

DATE OF PURCHASE (DD/MM/YY): _____ FROM: _____

PO# / INVOICE#: _____

FAULTY WORKMANSHIP OR ITEMS NOT INSTALLED TO MANUFACTURERS REQUIREMENTS WILL NOT BE COVERED BY WARRANTY

**ALL NON WARRANTY REQUESTS WILL BE CHARGED AS BELOW:
\$120.00+GST FOR CALL OUTS & LABOUR FIRST HOUR
\$80.00+GST PER HALF HOUR AFTERWARDS
ANY PARTS THAT ARE USED
7 DAY ACCOUNT ONLY**

PLEASE NOTE: ZURN AUSTRALIA WILL NOT ATTEND ANY REQUESTS UNLESS CREDIT CARD DETAILS ARE PROVIDED BELOW

NAME ON CARD: _____ CARD TYPE: _____

CARD NUMBER: _____ / _____ / _____ EXP: _____

OFFICE USE ONLY	
PRODUCT WARRANTY	YES NO
WATER PRESSURE	KPA
REPORT	
SIGNATURE	NAME