



Repair service

For a quick and smooth handling we would like to ask you to complete the following repair service form.

SIKO Italia S.r.l. Via Trento, 33 20017 Passirana di Rho MI ITALIA	Customer: (customer no. if available)	
	Name:	
	Zip code:	City:
	Street:	
	Tel:	

SIKO-contact person:		Date:	
Techn. contact person: (with tel. no. and e-mail)			
Administrative contact person: (with tel. no. and e-mail)			
SIKO - item code:		Serial number:	
Connected devices: (involving electronics)			

Problem description

(Electronical or mechanical failure? Please also mention the place of installation and the operating conditions.)

Estimate of costs	<input type="checkbox"/> yes <input type="checkbox"/> no	To: (e-mail)
Please repair immediately if	<input type="checkbox"/> below 50% of the costs for a new device	
	<input type="checkbox"/> below 150,00 €	
	<input type="checkbox"/> other	

ATTENTION!

By signing this document I confirm that there are no substances at or on the device which are harmful or injurious to health.

Signature:		Date:	
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