

Service Form

Return a copy of this form
along with the product
to Siskiyou Corp.

CONTACT	Company _____ Address _____ City, St Zip _____ Country _____ Sales Order _____ PO Number _____ Purchase Date _____	Return Authorization No. _____ <i>Note: Call the toll free number prior to returning the item.</i> Date _____ Technical Contact _____ Telephone _____ Fax _____ Email _____
PRODUCT	Model Number _____ Serial Number _____ Describe any modifications made to the unit	
REASON FOR RETURN	List all control settings and describe problems	
RETURN TO	Email addresses sales@siskiyou.com service@siskiyou.com tech@siskiyou.com Website: www.siskiyou.com	Siskiyou Corporation RA# _____ 110 S.W. Booth Street Grants Pass, OR 97526-2410 U.S.A.

RA Number must
be clearly written on
the outside of the
shipping carton