

 **FERGUSON**<sup>®</sup>  
*Bath, Kitchen & Lighting Gallery*

**Service Request Form**

(trueblue@newleafsc.net)

**Personal Information of Purchaser:**

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address Where Unit is Located: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Equipment Details:**

Product Description: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Date of Purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_

Branch Location Where Unit was Purchased: \_\_\_\_\_

**Failure Details:**

Description of Unit Failure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Failure was identified: \_\_\_\_/\_\_\_\_/\_\_\_\_

Person Submitting Request: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(trueblue@newleafsc.net)