



Sutphen Request Form

Description of Request

- Parts
- Warranty
- Return

Office Use Only

- Approved
- Denied
- Repair Code _____

1	Dealer Information:			2	Parts Shipping Address:							
Name: _____				Name: _____								
Address: _____				Address: _____								
City: _____		State: _____		Zip: _____		City: _____		State: _____		Zip: _____		
3	Truck Information:											
HS#				Fire Department:								
Model#:		Truck Mileage:			Engine Hours:			Pump Hours:		Aerial Hours:		
Need parts:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Need labor:		<input type="checkbox"/> Yes <input type="checkbox"/> No						
5	In-Service Information:											
Date Sold / In Service:				Date Failed:				Date Repaired:				
6	Description of problem or reason for repair:											
7	Detailed description of repair:											
8	Part Number:		Description:				Qty	9	Prior Approval Is Required :			
									Total Labor:		@ Warranty Labor Rate: =	
									Travel Time:		@ =	
									Total Requested Repair Amount: \$			
Sales Order #				RMA #				PO #				

Sutphen Corporation – Service Division
49 N. Ludlow Rd., Urbana, OH 43078 – (866) 287-5549

This is only a request for Return Authorization, approval is needed before return