



1 OWNER'S LAST NAME	COMMERCIAL USER
	<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST:	MI:
ADDRESS:	
CITY:	STATE:
PHONE:	ZIP:
EMAIL:	
CUSTOMER SIGNATURE:	

2 CASE #

3 WARRANTY PERFORMED BY	
Firm Name:	
Address:	
City:	State:
Phone:	Zip Code:
Email:	
Signed:	

6 Notices
<p>**NOTICE:** If a unit is at the service center with no action from Westinghouse Outdoor Power past 20 days, contact us **IMMEDIATELY** for resolution regarding parts sent or lack of contact from Westinghouse. If a case number has been assigned to the unit, please include it in the email for quicker resolution.</p>

Mail, email, or call to: Service Dept.
 Westinghouse Outdoor Power Equipment
 777 Manor Park Drive
 Columbus, OH 43228
 Email: servicecenters@wpowereq.com

7 MODEL NUMBER

8 FAILURE SUFFIX

9 SERIAL NUMBER

Purchased Date			Failure Date			Repair Date		
Mo.	Day	Yr.	Mo.	Day	Yr.	Mo.	Day	Yr.

4 HRS. AT FAILURE	5 PURCHASED FROM

10 Condition Found/Probable Cause of Failure (Word "Defective" Not Sufficient)

11 Work Performed

12 Miscellaneous	Dollars	Cents
<small>Freight/Postage Allowance Attach Freight Bill</small>		

14 Part Number	Qty.	Description

13 LABOR	HRS.	MINS.	Total \$
Repair 1			
Repair 2			
Repair 3			
Misc. Labor			
R & R			
TOTAL OF ALL CHARGES			