

# Honeywell

## WARRANTY/RETURN GOODS IDENTIFICATION TAG

(must be attached to all items returned)

SERVICE TECHNICIAN/REMOVER—FILL THIS IN

\*Date installed \_\_\_\_\_ \*Date Removed \_\_\_\_\_

\*Service or Installation Co. Name \_\_\_\_\_

\*Co. Address (City/State) \_\_\_\_\_

\*Name of Building Owner (Job) \_\_\_\_\_

\*Street \_\_\_\_\_

\*City/State/ZIP \_\_\_\_\_

\*Phone No. \_\_\_\_\_

\*Removed by (Service Person) Print \_\_\_\_\_

\*Signature \_\_\_\_\_

HONEYWELL OS. NO. \_\_\_\_\_

\*DATE CODE \_\_\_\_\_

\*REASON FOR RETURN—Be Specific ("Defective" is meaningless)

\_\_\_\_\_

\_\_\_\_\_

\*Indicates Required Information—Any omissions will result in denial of warranty by wholesaler/distributor/Honeywell.

WHOLESALE OR OEM—FILL THIS IN

WHOLESALE OR OEM MAKING RETURN

Name Metropac Industries

Street 10 Annette Road

City/State/ZIP Foxboro, Ma Phone No 508-698-3100

RETURNED ITEM REPLACED WITH: \_\_\_\_\_

\_\_\_\_\_

Mfg'd By \_\_\_\_\_

WHOLESALE OR OEM ORDER NO./RETURNED GOODS NO.

\_\_\_\_\_

Return Tag Furnished by HONEYWELL