



**REPAIR REQUEST FORM**

Please fill in and return with equipment to be repaired

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Date \_\_\_\_\_ Department \_\_\_\_\_  
Acct Name \_\_\_\_\_ PO# \_\_\_\_\_  
Street Address \_\_\_\_\_ Model # \_\_\_\_\_  
City \_\_\_\_\_ Serial # \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
The problem is \_\_\_\_\_

Person to contact about equipment:  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Person who can approve repairs:  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Please disinfect equipment prior to shipment.

Has this equipment been disinfected: \_\_\_No \_\_\_Yes

Method Used