

PACKING SLIP FOR DAMAGED EQUIPMENT

Please include ALL PARTS of this item when returning for repair.

Type of Equipment: _____

Barcode #: _____

Serial #: _____

Please explain why this is not working. (Be specific)

Do you wish to have the repaired item returned to you? Yes No

If Yes,

Student name: _____

TVI name: _____

Please contact OTMC if you are not sure of how to send item back.

**Most items must be insured when mailing, and cannot be sent FREE
MATTER. (braille writers are the exception)**