



SERVICE REQUEST FORM

Return This Form Via Email MDCSERVICESUPORRT@CUMMINS-WAGNER.COM or Fax# 301-490-9518

Type of Service: <small>(Please check appropriate Box)</small>	Service Call		Warranty* Evaluation		Date Requested:	
Contractor:				C-W Sales Engineer:		
Project Name:						
Address:			City:	State:		Zip Code:
Jobsite Contact:			Jobsite Contact Number:			
Project Manager:			Project Manager Phone:	Office:	Cell:	

Description of Problem: Please include as much information as possible to include Model & Serial Number of the equipment.

Authorized Signature: _____

Date: _____

Printed Name: _____

Title: _____

* I hereby authorize request for Service call. I acknowledge that all instances deemed to be unwarrantable due to installation and/or equipment not being properly maintained shall be invoiced to by Cummins-Wagner Service Group.