

# Service Request Form

## Roland DG Service Request Form

This form is to be completed by the Customer, Authorised Dealer or Service Agent or Roland DG Personnel and faxed to (02) 9975 0002

Company:		Date:
First Name:	Last Name:	
Street address:		
City:	State:	Post code:
Telephone:	Fax:	
E-mail:		
Model Name:		
Serial Number:	Installation Date:	
Authorised Roland DG Dealer:		
Authorised Roland DG Dealer contact:		
Detailed description of fault or work required:		

### To be completed by the Customer or Dealer

By sending in this document I agree to pay for repairs to this equipment which are not as a result of defective parts or workmanship standards at the time of manufacture.

Signed:

Please print name:

### To be completed by Roland DG personnel

Service Agent:

Work Release Number:

--	--	--	--

--	--	--	--

Date authorised: