



Service Evaluation Form

**This form MUST be completed and enclosed with instrument to be serviced.
Failure to complete and return this form may cause delays in service.**

(Note: please ship items in their original shipping container(s) or a similar protective box.)

1. Contact information: Customer Number _____ (contact Customer Service)
Name _____ Phone: (____) _____
Fax: (____) _____ Email: _____

2. Bill to Address: _____

Ship to Address:
KS Dept of Health & Environment Labs
Attn: Breath Alcohol Program
1000 SW Jackson Suite 130
Topeka, KS 66612

3. Instrument Model: I-8000 **Serial Number** 80-00

4. Detailed Description of Problem: *Note - Please list any special instructions that you may have concerning this return.*

Please Choose One of the following Options:

(A minimum evaluation fee of \$79.00 will apply to estimates that are not repaired.)

- Yes, I Authorize All Repairs
- I Authorize Repairs Up To: \$100 \$250 \$500 \$750 \$ _____
- Purchase Order Number** (attach a copy of P.O. if applicable) _____
- Instrument is under warranty
- No, Please send estimate before repairs are made.

Authorized By:

Name (Please Print)

Signature

Date