

# Start the RMA Process

Email this form to: [RMA@councilrock.com](mailto:RMA@councilrock.com)

Phone: (585) 505-5946 Ext. 108

## Your Company Information

Company Name:

Company Street Address:

Company City, State, Zip Code

Contact Name:

Contact Phone Number:

### For Office Use Only

RMA #

Date RMA Issued

Processed By:

Item Returned

Yes  No

## Reason For RMA (Please check one of the following)

Incompatibility  DOA  Evaluation  I Ordered Wrong Parts  Late Shipment  Other(s)

## Return For:

Repair  Replacement  Credit

Inv. Date	Inv. #	Qty.	Item No.	Serial No.	Problem Description

## Comments / Special Instructions