



RG A REQUEST FORM

CUSTOMER NAME _____ DATE _____

ADDRESS _____

PHONE _____ FAX _____

- MODEL NUMBER _____
 - SERIAL NUMBER _____
- PURCHASE DATE _____
 - PURCHASE ORDER # _____
- INSTALL DATE _____
- FAIL DATE _____

APPLICATION

DESCRIBE PUMP APPLICATION.

- WAS THE PUMP FULLY SUBMERGED WHILE OPERATING? Y/N _____
- WHAT IS THE TOTAL HEAD?
 - VERTICAL _____
 - HORIZONTAL _____

Fax RGA form back to: Fielding Pump – 801-676-4696 for Warranty authorization