



Service Request Form

Customer Section: This section to be filled out by the customer. All fields are required.

Date Sent:		RGA/Service Request Number: <small>(Required for In warranty Service; Call # 800-953-5737 for Assistance)</small>	
Customer Name		Address (No PO Box Addresses)	
Serial #:	Phone #	Email Address	
Type of Trap: Defender _____ Liberty _____ Liberty Plus _____ Patriot _____ Independence _____ Executive _____ Other _____			
Date of Purchase:	Purchased from: (retailer name):	Did you call Mosquito Magnet for technical support? Yes or No	
What is wrong with the trap?			
Customer's Signature: _____			Date: _____

The remaining sections are to be completed by Certified Service Center representatives.

<u>RECEIVING</u>	Date Received:	Technician's Name:
Contents	Cosmetics	

<u>Diagnostics</u> : (List primary failure first)				
CO	Gas Leaks	Power Output	PSI	Open Circuit Voltage
<u>Parts Replaced:</u>	Fan	Igniter	Thermistor	LED Harness
Solenoid	Main PCB	Main Harness	Power Adaptor	Regulator
Battery	Igniter PCB			

Is the trap passing diagnostics and operating normally when returning to customer? Yes ___ No ___

Technician's Comments:

Technician's Signature _____ Date Repaired _____

Your signature represents that the above information is true. Return one copy to the customer and retain one copy for your records. Woodstream Corporation reserves the right to request a copy at any time.