

DATE: _____

REQUESTED BY:



SERVICE ORDER REQUEST

DEALER/DISTRIBUTOR		HOME OWNER INFORMATION	
DEALER/DISTRIBUTOR:		HOME OWNER:	
ADDRESS:		ADDRESS:	
CITY/STATE/ZIP:		CITY/STATE/ZIP:	
PHONE:		PHONE:	
FAX:		FAX:	
EMAIL:		EMAIL:	
TUB INFORMATION		PROBLEM WITH THE UNIT	
MODEL:	COLOR:	DESCRIBE THE ISSUES YOU ARE HAVING:	
JET SERIES:			
DATE PURCHASED:			
P.O. #:			
SERIAL #			
CONTRACTOR/BUILDER			
CONTRACTOR BUILDER:			
PHONE:			
EMAIL:			

HYDROMASSAGE PRODUCTS TO FILL OUT BELOW:

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DECLINED (not covered under warranty)
SVC WORK ORDER #: Issued by Hydro Massage Products	REASON:
SERVICE REPAIR COMPANY	
NAME:	EMAIL:
ADDRESS:	PARTS REQUIRED:
CITY/STATE/ZIP:	DATE PARTS SENT:
PHONE:	VIA:
FAX:	TRACKING #

PLEASE FILL IN THIS FORM AND EMAIL TO SERVICE@HYDROMASSAGEPRODUCTS.COM

This request will be faxed back with either an approval or decline within 1-2 business days.
You MUST have a **WORK ORDER NUMBER BEFORE YOU REPAIR THE UNIT.**

PHONE: 303.341.1845 FAX: 303.341.1850