

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:			
S.O.# / P.O. #:			
SERIAL #			
CONTRACTOR/BUILDER			
CONTRACTOR BUILDER:			
PHONE:			
EMAIL:			

HYDROMASSAGE PRODUCTS TO FILL OUT BELOW:	
<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DECLINED (not covered under warranty)</b>
<b>SVC WORK ORDER #:</b> 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](mailto:SERVICE@HYDROMASSAGEPRODUCTS.COM)**

Customer will be contacted the same day or by the end of the next business day.  
You **MUST** have a **WORK ORDER NUMBER BEFORE YOU REPAIR THE UNIT.**

**PHONE: 303.341.1845 FAX: 303.341.1850**