



Technician Form

Service Provider Name		Customer Store Name	
Service Provider Address		Customer Store #	
City/State		Customer Address	
Zip		City/State/Zip	

Date of Failure		Date of Repair	
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If Husmann Rep was involved, please provide name(s)	
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Provide full details and description of the issues found and repairs made for each serial number- If we are unable to determine what issues/repairs go with which serial numbers, we will be unable to complete the review of the claim.

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Serial Number (If you have more serial numbers, please attach full list to this form)	Model	If door(s) involved provide door serial number(s) in addition to the main unit serial number

If a compressor was repaired/replaced, you will need to complete Husmann's Compressor Form.

Provide photos of the issues and attach to claim (see policies for requirements).

Retain failed parts, as Husmann may require them to be returned at discretion as part of claim review.