

MANITOWOC
PART RETURN MATERIAL NO RM.


DISTRIBUTOR Name City State Telephone #		SERVICE COMPANY Name Street City, State, Zip Telephone #		Unit located at: Name Street City, State, Zip Telephone #	
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REASON FOR RETURN

Check if this is a leased machine.

PRODUCT: For Reach-ins Only. Serial # of both cabinet and refrigeration system must be supplied.	SERIAL NO.	MODEL	DATE UNIT INSTALLED

PART FAILED DURING: (CHECK ONE BELOW)

1	ORIGINAL MACHINE WARRANTY
2	Replacement Parts Warranty* 

PART BEING RETURNED:	MANITOWOC ICE, INC. PART NUMBER	PART NAME

DATE PART FAILED	*Replacement Parts Warranty ONLY— Date of Installation of failed part

AUTHORIZATION

MANITOWOC ICE, INC.
DIVISION OF THE MANITOWOC COMPANY, INC.
P.O. BOX 1720 • 2110 South 26th Street • Manitowoc, WI 54221-1720

Copies 1 & 4 Attach to Material
Copy 2 (yellow) Distributor Copy
Copy 3 (green) Dealer/Service Copy

Sample
Order tags from return centers