

Service/Calibration Request

DO NOT SEND CALIBRATION GAS

Please return this completed form, along with your instrument, to:

Service Dept, Shawcity Limited, 91-92 Shrivenham Hundred Business Park, Watchfield, Oxfordshire SN6 8TY

Your name: _____

Email: _____

Telephone: _____

Quote no: (if provided): _____ PO Number: _____

Company name: _____

OPTIONAL: Collection address if required: _____

Return delivery address for instrument: _____

Shawcity Account no. (if known): _____

Contact name for invoice: _____

Invoicing address: _____

Model of instrument: _____

Serial number of instrument: _____

Reason for Return

Service and Calibration

Company name on calibration certificate to read:

Repair
(please specify suspected fault below)

Other
(please specify details below)

Calibration Interval - Please Specify
180 days (6 months)

365 days (12 months)

Nature of Work Required

i.e. Suspected fault: Lamp failure / sensor failure /
water ingress / impact damage etc, or other.

Please specify:

QF13 Issue: 1.5 Oct 21



SERVICE ADMINISTRATION TEAM



01793 780622 > Option 3



serviceadmin@shawcity.co.uk



Shawcity Ltd,

91-92 Shrivenham Hundred Business Park,
Watchfield, Oxfordshire, SN6 8TY