

SERVICE REQUEST

Facility Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Today's Date: _____ Need By Date: _____

Problems you are
experiencing:

Part(s) Needed:
(IF KNOWN)

Service fees vary depending on travel distance and estimated time spent at facility. Costs will be determined by Service Coordinator at time of scheduling. Non-warranty parts are not included in service fees. Un-official estimated cost for parts can be given at the time of scheduling. Once technician is on-site, official parts cost estimate can be given.

Thank you for your business

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Authorized Service Provider



Colorado
TIME SYSTEMS



Colorado Display Systems