

# ELECTRICAL/ELECTRONIC REPAIR FORM

**MUST BE COMPLETED BY A REPAIRMAN FROM AN AUTHORIZED REPAIR FACILITY**

The Personal Property Claims Office must determine whether damage to an item was caused by the item being dropped or mishandled in shipment, or whether the damage was due to fair wear and tear or a manufacturer's defect. Please complete this form to the best of your ability.

OWNER'S NAME: \_\_\_\_\_

ITEM EXAMINED: \_\_\_\_\_  
(Make) (Model) (Age)

1. **EXTERNAL DAMAGE**. There **(was)** **(was not)** **external damage** to the item: \_\_\_\_\_

a. I **(was)** **(was not)** able to determine the cause of the external damage. To the best of my knowledge and belief, damage was caused by: \_\_\_\_\_

\_\_\_\_\_

b. I came to this conclusion because: \_\_\_\_\_

\_\_\_\_\_

2. **INTERNAL DAMAGE**. There **(was)** **(was not)** **internal damage** caused by shipment:

a. I **(was)** **(was not)** able to determine the cause of the internal damage. To the best of my knowledge and belief, damage was caused by: \_\_\_\_\_

\_\_\_\_\_

b. I came to this conclusion because: \_\_\_\_\_

\_\_\_\_\_

3. I estimate the cost of repairing this damage is:

a. Parts:		\$
b. Parts:		\$
c. Parts:		\$
d. Subtotal of replacement parts:		\$
e. Cleaning or Other Service Charges:		\$
f. Labor:      No. Hours:                      @Hourly Rate of:		\$
g. Taxes:      Tax Rate of:		\$

**TOTAL \$** \_\_\_\_\_

## AUTHORIZED REPAIR FACILITY

Facility name:	
Address:	Telephone No.
Print Repairman's Name:	Years of Experience:
Repairman's Signature:	Date: