

Return Authorization Request

1. Ship-to Name: _____ Customer PO#: _____
Contact Person: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____

3. Catalog Number to be Returned: _____ Date Code: _____ Quantity to be Returned: _____

Requesting: Labor*: _____ Credit: _____ Replacement Ballasts: _____
Wrong Units _____
Reason for Return: Shipped _____ Defective: _____ Stock Return (Skip to #7): _____

*If requesting labor, a labor invoice must be faxed referencing the RGA number.

4. Jobsite: _____
Contact Person: _____
Address: _____
City, State, Zip: _____

5. Please describe the nature of the failure:
A. Ballast _____

B. Lamp _____

6. Description of Installation:
A. Estimated Installation Date: _____ Estimated Failure Date: _____
B. Original Installation Quantity (Total): _____
C. Was the installation a new fixture or retrofit? _____
D. Who was the fixture manufacturer? _____
E. Who was the lamp manufacturer? _____
F. Was the ballast remote mounted? _____ If yes, was the ballast mounted within 15' of the fixture? _____
G. Was an occupancy sensor used with this ballast? _____

7. Please give the reason for this stock return: _____

Number: RGA0702
Issue Date: 07/01/02
Revision: 0
Revision Date:
Auth. By: Scott Hilton