

Name:

Email:

Address:

City:

State:

ZIP:

Phone:

Make:

Model:

Serial #:

Declared Value:

Amount I should insure for
return registered shipping

Please describe the problem **or** any special instructions:

Fill in return address in area provided, cut along dotted line and attach to package

**David Desilets
C / O Coffrin's
1829 South Osprey Avenue
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