



# REQUEST FOR SERVICE

## REFERRER DETAILS

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Purchase Order Number for Service Work: \_\_\_\_\_ *(Required Information for all VRV & UATY systems)*

## SITE LOCATION

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

**UNIT DETAILS** – Model and Serial numbers are **REQUIRED INFORMATION**, a service call cannot be logged without these details. *If the unit is a Multi Head, please provide model and serial numbers for **outdoor and all indoor units**.*

Installation Company: \_\_\_\_\_ Date of install: \_\_\_\_\_

Outdoor model: \_\_\_\_\_ Serial number: \_\_\_\_\_

Indoor model: \_\_\_\_\_ Serial number: \_\_\_\_\_

Indoor model: \_\_\_\_\_ Serial number: \_\_\_\_\_

Indoor model: \_\_\_\_\_ Serial number: \_\_\_\_\_

**FAULT DESCRIPTION** – Please include Fault Codes and previous repair history.

OCCURRENCE:  DOA,  During Commissioning,  Intermittent,  After Power On,  Other

Fault Code (if available): \_\_\_\_\_

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Please fax completed form to Daikin Service Department on **(02) 9755 3719** or email the completed form to [service@daikin.com.au](mailto:service@daikin.com.au)