

Correctional Facility Product Defect Return Form

| Date: _ | | | | |
|----------|--|-------------------------------|-----------------------|--|
| First Na | ame: | Last Name: | | |
| ID# | | | | |
| Facility | v Name: | | | |
| Street | Address: | | | |
| • | NOTE: Street address MUST be a p | ohysical address. We cannot s | ship to a PO Box | |
| City: | | State: | Zip Code: | |
| Phone #: | | Special Instructions: | Special Instructions: | |
| 1. | Please provide the following information regarding the product you are returning. Please use a separate form for each lock returned. Model number of your defective Master Lock: (Note, we do our best to match your replacement product, however, there are instances in which the lock being requested has been discontinued. In such a case, we will replace your lock with a like item) | | | |
| 2. | Should your replacement lock be keyed to the same key number as the lock you are returning? (NOTE: We do our best to match your key number however, there are instances in which the key number being requested is not available. In such a case, we will replace your key number with one that is available) | | | |
| | | yes, what is the key #? | | |
| 3. | How long have you owned this product? | | | |
| 4. | Briefly describe for what purpose you were using the lock: | | | |
| 5. | Please summarize the product defect: | | | |

 ${\it Note: Product\ received\ for\ replacement\ will\ not\ be\ returned.}$

PLEASE PRINT THIS FORM AND RETURN IT WITH YOUR DEFECTIVE MASTER LOCK TO:

Master Lock Warehouse 1600 W La Quinta Rd Suite 1 Nogales, AZ 85621