



Safety Cover Return Authorization Request

Date: _____

Customer: _____ Phone: _____

Address: _____ Fax: _____

_____ Contact: _____

Cover being returned:

Job Name: _____

Cover Material: Solid Mesh

Cover Color: Green Blue Black Other

Size and Shape: _____

Reason for Return: Inspect for repair.
 Adjust cover.
 Measure for template.
 Other _____

Instructions:

1. Fill out this form as completely as you can and fax it to Garrett Covers, Inc. at the fax number below.
2. Garrett Covers will fax a Safety Cover Return Authorization form back to you. Keep this form for your records, and make note of the authorization number provided on the form.
3. Return the safety cover to the address below. Be sure to refer to the authorization number when returning the cover. Covers without authorization numbers will not be accepted and will be returned.
4. Be sure that the cover is clean and dry and that all hardware has been removed, or an additional charge will be assessed to the repair.
5. If returning a cover to be measured as a template, please include a copy of the Garrett Covers order form indicating how the new cover is to be quoted and manufactured.
6. There is a \$ 40⁰⁰ (retail) disposal fee for covers delivered to be measured as template.