



Safety Cover  
Return Authorization Request

Date: \_\_\_\_\_

Dealer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Cover Information\*** (please complete all information regarding the cover you are returning)

Job Name: \_\_\_\_\_ Garrett Cover: Yes No Serial # (if yes): \_\_\_\_\_

Size of Cover (approx.): \_\_\_\_\_ Shape of Cover: \_\_\_\_\_ Steps or Add-On's: Yes No

Material: Solid Mesh Ultra-Mesh Other (please describe): \_\_\_\_\_

Color: Green Blue Black Gray Tan Other (please describe): \_\_\_\_\_

Will the cover you are returning be in a bag? Yes No Will the springs be removed? Yes No

**Reason for Return\***

Warranty Inspection (please describe) \_\_\_\_\_

Adjust/Modify Cover (please describe) \_\_\_\_\_

Modify Cover (please describe) \_\_\_\_\_

Inspect for Repair (please describe) \_\_\_\_\_

Measure for Template Quote New Cover In: Solid Mesh Ultra-Mesh

Other (please describe): \_\_\_\_\_

**Instructions**

- ❖ Complete this form and email it to [sales@garrettliners.com](mailto:sales@garrettliners.com) or you can fax it to (215) 295-9395.
- ❖ DO NOT send cover back until you receive a Safety Cover Authorization Number (RA#).
- ❖ Keep a copy of the Safety Cover Authorization form that you receive for your records, put a copy in the box with the cover being returned.
- ❖ Covers MUST BE clean AND dry, all hardware should be removed (Templates excluded). An additional fee may be assessed otherwise.
- ❖ Return the Safety Cover to: Garrett Liners, 295 Lower Morrisville Rd., Fallsington, PA 19054. Please write the Return Authorization Number (RA#) on the outside of the box.

**PLEASE NOTE:**

- ❖ A \$45.00 (retail) disposal fee will be added to the cost of a new cover
- ❖ An inspection charge of up to \$150.00 will be applied on all Safety Covers that are not repaired or re-made
- ❖ All Shipping costs are the responsibility of the dealer.