

FAX REQUEST TO 625-8207

E-MAIL: climate@ccl-tt.com



SERVICE DEPARTMENT – REQUEST FORM

Date: _____

Name: _____

Address: _____

Contact number: _____

E-mail: _____

Air-conditioning Unit Brand: _____

Model Number: _____

Size (BTU): _____

Please identify the type of service required: (*tick the appropriate box*)

Repair

Service

Other

Details:

NB: All Service requests will be processed within 24-48 hours of receipt of form.