

**FAX REQUEST TO 625-8207**

**E-MAIL: [climate@ccl-tt.com](mailto: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.**