



**Security Automation Systems, Inc.**

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## SERVICE REQUEST FORM

**\*This form is to be filled out and return via FAX (317-489-9621) or e-mail  
(service@securityautomationsystems.com).**

FACILITY NAME: \_\_\_\_\_ P.O.# \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE No. \_\_\_\_\_

PLEASE DESCRIBE THE PROBLEM (or attach a list of PROBLEMS with this service request for  
proper assistance): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

By signing this form, I am stating that I have the authority to approve, in advance, the reconditioning of the security automation systems under the terms and guidelines as stated in the Security Automation Systems', Inc. Service Rates & Terms form. All service request forms must be signed to be valid. All units received by Security Automation Systems, Inc. for repair will be billable. Charges for a lift truck will be at facility's expense.