

Supportive Hearing Systems

Site Visit Request Form

Fields marked "*" are optional.

Site Visit Information	Customer Information
Date of Request (Today's Date)	School Board
Purchase Invoice/ Packing Slip #	School Name
Serial Number(s)	School Address
Reason for Visit? Relocation <input type="radio"/> Installation <input type="radio"/> Service <input type="radio"/>	City Province Postal Code
Components in Question: Speaker <input type="checkbox"/> Bracket <input type="checkbox"/> IR Receiver <input type="checkbox"/>	Student Name * Grade *
Complete System <input type="checkbox"/>	Teacher Name * Room *
System Location (for pick up, or if different from Teacher's Room)	Name of Person Making Request
System Destination	Telephone Email
Preferred Week for Visit	Contact Person, to be available during visit (If different from person making request) *
Preferred Times for Visit	Telephone * Email *
Additional Information	
What problem are you experiencing? Reason for visit: _____	
Special Requests and Additional Notes: _____	
Are you transferring the system to a different school? Yes <input type="radio"/> No <input type="radio"/> (if so, we will contact you for additional information)	

SUBMIT