



REQUEST FOR SERVICE

REFERRER DETAILS

Company: _____ Contact: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____ Fax: _____

Purchase Order Number for Service Work: _____ *(Required Information for all VRV & UATY systems)*

SITE LOCATION

Name: _____ Contact: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Home: _____ Mobile: _____ Work: _____

UNIT DETAILS – Model and Serial numbers are **REQUIRED INFORMATION**, a service call cannot be logged without these details. *If the unit is a Multi Head, please provide model and serial numbers for **outdoor and all indoor units**.*

Installation Company: _____ Date of install: _____

Outdoor model: _____ Serial number: _____

Indoor model: _____ Serial number: _____

Indoor model: _____ Serial number: _____

Indoor model: _____ Serial number: _____

FAULT DESCRIPTION – Please include Fault Codes and previous repair history.

OCCURRENCE: DOA, During Commissioning, Intermittent, After Power On, Other

Fault Code (if available): _____

Please fax completed form to Daikin Service Department on **(02) 9755 3719** or email the completed form to service@daikin.com.au