

Equipment Warranty Replacement Notification

Name: _____ Phone: _____

Department: _____

Provide the following information for the equipment being replaced.

ISU Tag Number _____ Date of Return _____

Equipment Description _____

Please provide the following information for the replacement equipment.

Replacement serial number _____

Replacement model number (if different) _____

Remove the ISU Property Tag prior to returning the equipment to the vendor. The tag can be re-applied to the replacement equipment, or contact Property Control for a new tag.

Please provide any additional comments:

Send the completed form to Property Control @ Campus Box 1520 and provide a copy to the Department Inventory Steward.