



PEERLESS Service Report Form (SRF)

Prior approval is required before any modifications/repairs should be made. Approval will not be given without all information filled out on this sheet. Please include pictures of the defective product with this form.

All forms are to be submitted to:

PEERLESS SERVICE DEPARTMENT:

Email: warranty@peerlesspump.com

Phone: 317-925-9661

Peerless ASP/Distributor Information			
Report Date: _____	Received Date: _____		
Company Name: _____	Peerless Customer Number: _____		
Address: _____	City: _____	State: _____	
Zip Code: _____	Phone: _____	Fax: _____	
Requested By: _____		Email: _____	

Product Information			
<i>***This information is located on the pump tag. Please also provide a picture of the pump tag.</i>			
Serial Number: _____	Product: _____		
Pump Model: _____	Install Date: _____	Failure Date: _____	
Motor Brand: _____	Motor HP: _____	Motor Speed: _____	
Application: _____			
Description of Failure: _____			

Expected Repair	
Description of Repair Needed: _____	
Is full pump replacement necessary?	

Parts Needed for Repair:		
Part Number:	Qty Needed:	Purchase Price:
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
Anticipated Labor Required:		
Description of Labor Step (shop labor, machining, travel, etc.)	Number of Hours:	Labor Rate:

Total Expected Cost of Repair: _____ **Submitters Initials:** _____
Peerless Approved Cost of Repair: _____ **Approval Date:** _____
Peerless Representative Signature: _____