

## Somfy Return Form

**This form is to be filled out prior to the return of Somfy Motors**

Date: \_\_\_\_\_ Company: \_\_\_\_\_ RGA#: \_\_\_\_\_

<u>Job name:</u>	<u>Helio job No:</u>
<u>Approx date of Installation:</u>	<u>Installers name:</u>
<u>Type of system:</u>	<u>Somfy product:</u>

What is the reason for return? Not required ( ) Noisy ( ) End limit issue ( )  
Not working off switch ( ) Does not work off remote ( ) Damaged ( )  
Additional information (in detail please):

Has Somfy technical support been contacted about this issue:  
If YES please advise date, approx. time and Somfy staff name:  
Somfy case # issues by Somfy (If available):  
What was their advice?

Office use only:

Motor tested: yes \_\_\_\_\_ no \_\_\_\_\_ By (signed): \_\_\_\_\_

Result: \_\_\_\_\_ Action: \_\_\_\_\_