

# Request of Technical Assistance Form

## Customer

Company Name .....

Address Street ..... City ..... State. ....

Telephone: ..... Mobile.: ..... Fax: ..... e-mail: .....

Machinery for which is requested assistance :

<b>Belt Elevator</b>	<input type="checkbox"/>	Mod. <input type="text"/>	Serial n° <input type="text"/>
<b>Defogliator</b>	<input type="checkbox"/>	Mod. <input type="text"/>	Serial n° <input type="text"/>
<b>Washing Machine</b>	<input type="checkbox"/>	Mod. <input type="text"/>	Serial n° <input type="text"/>
<b>Screw Elevator</b>	<input type="checkbox"/>	Mod. <input type="text"/>	Serial n° <input type="text"/>
<b>Crusher</b>	<input type="checkbox"/>	Mod. <input type="text"/>	Serial n° <input type="text"/>
<b>Stone Mill</b>	<input type="checkbox"/>	Mod. <input type="text"/>	Serial n° <input type="text"/>
<b>Kneading Group</b>	<input type="checkbox"/>	Mod. <input type="text"/>	Serial n° <input type="text"/>
<b>Monopump</b>	<input type="checkbox"/>	Mod. <input type="text"/>	Serial n° <input type="text"/>
<b>Decanter</b>	<input type="checkbox"/>	Mod. <input type="text"/>	Serial n° <input type="text"/>
<b>Screws for Husk</b>	<input type="checkbox"/>	Mod. <input type="text"/>	Serial n° <input type="text"/>
<b>Boiler</b>	<input type="checkbox"/>	Mod. <input type="text"/>	Serial n° <input type="text"/>
<b>Separator</b>	<input type="checkbox"/>	Mod. <input type="text"/>	Serial n° <input type="text"/>
<b>Press</b>	<input type="checkbox"/>	Mod. <input type="text"/>	Serial n° <input type="text"/>
	<input type="checkbox"/>	Mod. <input type="text"/>	Serial n° <input type="text"/>
	<input type="checkbox"/>	Mod. <input type="text"/>	Serial n° <input type="text"/>

## Description of Failure

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## Plant Status

Total black out

Partial Functioning

In Function

## It is required :

Phone Contact

Assistance on site

Send to fax n° ++39-( 0)742-352260  
Attention of :

## For eventual direct contacts

e-mail: technicalassitance@rapanelli.com