



**Customer Service Department
Return Goods Authorization Request**

**Phone (304) 366-1300
Fax (304) 366-1398**

Please complete this form. Fax or mail the completed form to T&T to be assigned a return goods number (RGT#). Place a copy of the RGT form with assigned RGT# with the item to be returned. Return freight prepaid to: **T&T Pump Co., Inc., Rt 8 Box 343, Fairmont, WV 26554**

Customer:		Phone:		Fax:	
Address:		City:		State:	
Requested by:		OEM or end user:			
Pump Model:		Serial #:		Install date:	
Failure date:		Motor Mfg.:		Motor tag info:	
Pump application:		Fluid pumped:		Water temp:	

Warranty consideration: yes no
Failure/problem description (be specific):

Range of operation

Lowest		Normal		Highest	
GPM	PSI	GPM	PSI	GPM	PSI

- **System location:**
- **Suction pressure at pump inlet:**
- **Discharge pressure:**
- **Does system utilize a soft start:**
-If so, time in seconds:
- **Is the pump used in the cleaning operation of membranes:**
- **Are chemicals run through the pump:**
- **How long is the cleaning operation:**
- **Was the failure/problem immediate:**

Motor performance info

Line voltage	L1	L2	L3
Line amperage	L1	L2	L3

Motor protection used:

Signature:

Date:

RGT# assigned:

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