

FORT BLISS CLAIMS DIVISION
APPLIANCE REPAIR FORM

This is an important form for the claimant. Please complete all sections legibly. Your cooperation and assistance is appreciated. If you have any questions, please contact the Fort Bliss Claims Office at 568-5650.

1. REPAIR FIRM'S NAME AND ADDRESS _____ CLAIMANT'S NAME _____

DATE: _____

2. **REPAIR FIRM'S TELEPHONE NUMBER:** _____

3. NAME OF PERSON COMPLETING THIS FORM: _____

4. ITEM EXAMINED: _____ BRAND: _____ YEAR: _____
MODEL NUMBER: _____ SERIAL NUMBER: _____

5. EXTENT OF EXTERIOR DAMAGE:

6. IDENTIFY ANY LOOSE OR CRACKED PARTS:

7. IN YOUR PROFESSIONAL OPINION AND TO THE BEST OF YOUR KNOWLEDGE, WHAT SPECIFICALLY ARE THE POSSIBLE CAUSES OF THE DAMAGES FOUND AND WHY?

8. IN YOUR OPINION, IS THE PART OR PARTS REPLACEABLE?

9. I ESTIMATE THE COST OF REPAIRING THE DAMAGE TO BE:

PARTS: _____		\$ _____
PARTS: _____		\$ _____
PARTS: _____		\$ _____
CLEANING AND ADJUSTMENT: _____		\$ _____
	LABOR	\$ _____
	TAX	\$ _____
	TOTAL:	\$ _____

10. COST OF ESTIMATE IS: \$_____. IF YOU REPAIR THIS APPLIANCE, WILL YOU DEDUCT YOUR ESTIMATE FEE FROM THE TOTAL BILL?
 YES NO FREE ESTIMATE

SIGNATURE OF PERSON DOING THIS ESTIMATE: _____