



RETURN MATERIAL AUTHORIZATION

Please complete Form and Fax to 800 833 6971

Section A

An Incomplete Form May Delay Processing of this RMA.

Section B

Return number: _____ RMA

Certification Sheet or MSDS is required

Dist/Rep Name and Address

	Ship to: ITRON, Inc.
	1310 Emerald Road
	Greenwood, S. C. 29646
Account #:	
Contact Person:	<input type="checkbox"/> No Material to be Returned – Credit #
Phone No.:	<input type="checkbox"/> Parts to be returned for repair & replacement
Fax No.:	<input type="checkbox"/> Restocking fee of % to apply

SECTION C: Please Mark All Applicable Boxes with an “X”

- | | |
|---|--|
| <input type="checkbox"/> 1. Register Repair | <input type="checkbox"/> 6. Ordered Wrong Part Number |
| <input type="checkbox"/> 2. Defective Flow Meter/Part | <input type="checkbox"/> 7. Non-Warranty (Evaluate/Repair) |
| <input type="checkbox"/> 3. Defective Replacement Part | <input type="checkbox"/> 8. Stock Return (On approval) |
| <input type="checkbox"/> 4. Reimburse Labor Hours | <input type="checkbox"/> 9. Order Entered Incorrectly |
| <input type="checkbox"/> 5. Shipped Incorrect Part Number | |

SECTION D: Please Complete the Following Information

ITRON, Inc. Order No.	
Distributor P.O.#	
Date of Installation:	Size & Type of Meter:
Flow Meter Serial No.	Register Serial No.:
Process Fluid:	(IF other than Water then MSDS and signed RG-03 is Required)

Customer Name:	Address:

1) Describe Problem in Detail – (Attach Additional Sheet if Necessary)

2) Service Performed to Correct Problem – (Attach Additional Sheet if Necessary)

3) Location Where Service was Performed:	4) Labor Hrs. to Perform Service: (Travel Time Not Included)

SECTION E: Please List the Material Involved in Your Claim: (Ship Material Pre-Paid Only)

QTY	PART NUMBER	DESCRIPTION	REPLACEMENT ORDER