



**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**

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

**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**

<b>Line voltage</b>	<b>L1</b>	<b>L2</b>	<b>L3</b>
<b>Line amperage</b>	<b>L1</b>	<b>L2</b>	<b>L3</b>

**Motor protection used:**

**Signature:**

**Date:**

**RGT# assigned:**

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