



**Unie neslyšících Brno, sociální podnik, s.r.o.**

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## Repair of Goods

**Type of goods:**

.....

**Serial number:** .....

**Brief description of the defect:**



.....

**Repair request:** .....

### Customer

Name: .....

Address: .....

.....

Phone/SMS: .....

Email: .....

**Return of repaired goods:**

Send by post/parcel delivery

Prepare for in-person pickup

**Goods for repair received by:** .....

UNB employee

Customer signature



**Date:** .....

**Repaired goods** were sent / collected on .....

Goods returned by .....

UNB employee

Goods received by .....

Customer signature