



## Fire Extinguisher Return Form

Extinguisher Serial No.:		Type:	
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PO Number:		Date:	
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Customer:		Requestor:	
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Work Required:	Service <input type="checkbox"/>
	Refill <input type="checkbox"/>

Customer Address:	
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Required By:	
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Comments:	
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Please fill in above form and include a daytime telephone number and email address so we can contact you once we have received your fire extinguisher. Return your extinguisher to:-



The Bridgestone Building  
 Castle Combe Circuit  
 Chippenham  
 Wiltshire  
 SN14 7EY