

FAILURE REPORT

REPORTING OFFICE:					
	Country	Town	Brigade	Contact Person	Phone No.
CUSTOMER:					
	Type	Ziegler Fab. No.	Year	Chassis Type	Chassis No.
TRUCK:					
SHORT FAILURE DESCRIPTION:					
DETAILED FAILURE DESCRIPTION: (PLEASE LIST YOUR LABOUR- AND MATERIAL-COSTS TOO:)					
NO. OF ATTACHED PICTURES:					
NO. OF ATTACHED FILES:					
<input type="checkbox"/> WARRANTY REQUESTED <input type="checkbox"/> WARRANTY GRANTED UP TO _____ € _____ <small>(if the costs will be higher, please contact us again) Date / Signature</small>					
APPLICANT:					
_____		_____		E-Mail: _____	
Date		Name/Signature		Phone: _____	
				Fax: _____	
Send this message to: Albert Ziegler GmbH, 89537 Giengen/Brenz Germany Central Customer Service International mailto: ccs-international@ziegler.de • Fax: +49 7322 951-724					
(NOT) APPROVED: _____					
		Signature		Name	
				Date	
REASON:					
OUR REFERENCE NO.: _____					