



# COMPACTOR REPAIR REQUEST

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

DIRECT PHONE # \_\_\_\_\_

COMPACTOR # \_\_\_\_\_

OWNED BY:            CUSTOMER            MODERN DISPOSAL  
(CIRCLE ONE)

To help us better assist you in the servicing of your compactor / container please check one of the following area / areas that best pertains to your maintenance request.

<b>Electrical</b>	<b>Hydraulic</b>	<b>Welding / Structure</b>
Interlock Safety Switch _____	Leaks _____	Gates _____
Full Lights _____	Hoses _____	Chutes _____
Panel Lights _____	Gauges _____	Wheels _____
No Power _____	Noises _____	Body _____
Motor _____	Pressure Switches _____	Legs _____
Jog Control _____		

### Other (Please Explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Please fill out and fax to: (716) 754-9709 Attention: Jodie Hayes**