

Georgia Instructional Materials Center
Macon Repository
2895 Vineville Ave.
Macon, GA 32104

Equipment Repair Request Form

Please print or type legibly.

Teacher's Name: _____ School System: _____

Telephone Number: _____ E-mail: _____

Type of Equipment to be Repaired: _____

Serial Number: _____ Year Purchased: _____

Explain the difficulties that you are experiencing with this device.

What have you done to address these difficulties?

Teacher's Signature Date

Shipping Address: _____

Package the item to be repaired in a sturdy box with packing material to prevent damage during shipment.

Place this form in the box.

Include the school system name in the return address.

Mark the box as Free Matter for the Blind.

Send to:
GIMC Equipment Repair
2895 Vineville Ave.
Macon, GA 32104