

SERVICE REQUEST FORM

DATE: _____**VEHICLE OWNER:** _____**ADDRESS:** _____

_____**PHONE:** _____**EMAIL:** _____**CONTACT NAME(S):** _____**STATE**

- | | |
|--|---|
| ☐ Victoria | ☐ Tasmania |
| ☐ Queensland | ☐ Australian Capital Territory |
| ☐ Western Australia | ☐ Northern Territory |
| ☐ South Australia | ☐ New Zealand |
| ☐ New South Wales | |

TRUCK TYPE

- | | |
|--|---|
| ☐ Vacuum Truck | ☐ Hooklift Truck |
| ☐ Water Truck | ☐ Concrete Mixer |
| ☐ Tilt Tray Truck | ☐ Service Module |
| ☐ Garbage Truck | |

VEHICLE MAKE: _____**MODEL:** _____**VEHICLE REGISTRATION NO.:** _____**VIN:** _____

SERVICE REQUEST FORM

TYPE OF SERVICE	☐ Retail ☐ Service ☐ Warranty	☐ *In-house Servicing ☐ *Off-site Servicing
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NOTES:

WORK TYPE	☐ Electrical Issues ☐ Mechanical Issues ☐ Other Concerns ☐ Other Service	☐ Parts Fitment or Failure ☐ Scheduled Service ☐ Parts Order ☐ Production Concerns
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NOTES:

STG SERVICE PTY LTD

 29-31 Evolution Drive,
Dandenong South, Victoria,
Australia, 3175

 1300 998 784

 service@stgglobal.net