

LAUNDRY / DRY CLEANING TRACER / ADJUSTMENT FORM

Date: _____ Store#: _____
 Laundry: _____
 Laundry Mark number: _____
THIS BOX IS FOR OFFICE USE ONLY

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Res. Ph.: _____ Bus. Ph.: _____ Fax/Pgr.: _____

Ticket/Receipt number: _____ Do you have your receipt: Yes No

Date items brought into Dry Cleaners: _____ Return date to pick up items: _____

DESCRIBE EACH ITEM IN DETAIL						
TYPE OF GARMENT INCLUDING MATERIAL	LABEL	COLOR	SIZE	DATE PURCHASED	WHERE PURCHASED	ORIGINAL COST

Are the items listed above the entire order on your ticket: Yes No

If the answer is NO, were the other items on your ticket returned to you: Yes No

CUSTOMER'S COMMENTS:

Customer's Signature: _____ Date: _____

COUNTER PERSON'S COMMENTS (state facts regarding the claim):

Counter Person's Signature: _____ Date: _____

MANAGER'S COMMENTS: Date when the original tracer form was mailed to Laundry Office: _____

Manager's Signature: _____ Date: _____

RESOLUTION:

Signed By: _____ Date: _____