

Roswell Service Request

Your Contact Information

Name: _____
Email: _____
Telephone: _____

Describe the problem:

Return Shipping Address

Recipient: _____
Street Address: _____

City: _____
State: _____
ZIP/Postal: _____
Country: _____

Microphone Information

Model: _____
Accessories included with shipment:*

* We prefer to not receive accessories such as shockmounts and cases

For Roswell internal use:

Purchase date: _____

Registration date: _____

Warranty exp. date: _____

Received date: _____

Intake QC: Sensitivity Noise Switch Modes Sweep

Visual Inspection: _____

QC notes: _____

Shipping damage: Photographed Box retained Not Applicable