

Access Control Systems, Inc.

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Service Request Form

Please use a separate request form for each additional system that requires service.

Individual Reporting System Issue

Title _____ First Name _____ Last Name _____ Date (xx/xx/xxxx) _____

Phone Number _____ E-Mail Address _____

Site Information

Facility Name _____ Facility Full Address _____ Facility Phone Number _____

Primary Point of Contact _____ POC Phone Number _____ E-Mail _____

Secondary Point of Contact _____ POC Phone Number _____ E-Mail _____

Is it ok to speak to either POC? YES NO If yes, will they be able to assist in troubleshooting over the phone? YES NO

System Information

Information can be found where the power cord plugs into the system from the outlet.

Manufacturer _____ Model _____ Serial Number _____ DOM (xx/xxxx) _____

Description of Issue

(Please be as detailed as possible, including if the system was being used when the issues were occurring)

Does the system show any error codes? If so, please provide them below.

Error Code: _____ Error Code Description _____
Error Code: _____ Error Code Description _____
Error Code: _____ Error Code Description _____
Error Code: _____ Error Code Description _____

X-Ray Systems Only

Is the Radiation Safety Certificate valid? YES NO If No, when was the last survey performed? _____

Disclaimer

Please permit 1-2 business days for a response time from submittal of the service request form.

If your facility requests service tickets to be submitted to someone other than ACS directly, response times may increase.

Service Request Forms submitted after 12:00 PM (EST) on Fridays, may not be processed until the next business day.

Thank you for choosing Access Control Systems, Inc., to provide services to your equipment.