



Haddrell's Point Repair Shop

Service Request

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Cell _____ Reel Model # _____

Trouble _____

Warranty Full Service Repair Misc.

Line: Remove Only Leave on Reel Replace with: _____

**Diagnostic Charge of \$10.00 by check or money order must be sent in with this form for
'Full Service' and 'Repair' services only.**