

# LOWA

simply more...

\* Please print this form - fill it out completely - and include it in the shipping box with your boots.

Repair Authorization Number \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address [ No P.O. boxes, please. ] \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_



Circle any area on the boot and provide a brief description of repairs that may require special attention. Feel free to leave this blank if no areas require special attention.

Special instructions:

\* LOWA will not share your information. We will only use this information to return your repaired boots and to contact you if we have questions.