COSAR WORK REQUEST

DATE OF REQUEST: COMPANY & CONTACT NAME AND PHONE NUMBER:

MOLD NAME/NUMBER:

MOLD WEIGHT:

MOLD AVAILABLE DATE & LOCATION:

REQUESTED RETURN DATE & LOCATION:

DESCRIPTION OF WORK/REPAIR:

PLEASE SEND PICTURES, MARKED SAMPLES, PRINTS OR FILES IF AVAILABLE

PLEASE SEND THIS TO YOUR COMPANY'S COSAR CONTACT, STEVE JR. & KIALA GASKINS

STEVEJR@COSARMOLD.COM
SRASTETTER@COSARMOLD.COM
KCROCKETT@COSARMOLD.COM
KGASKINS@COSARMOLD.COM