SUPPORTIVE HEARING SYSTEMS INC.
283 MacPherson Ave., Toronto, Ontario, M4V 1A4

Request for Site Visit from Supportive Hearing Systems

For Internal Use

School Board name _____
*School name _____
*Address _____
*City _____
Postal Code _____
*Tel number _____

*Contact person at the school _____

Reason for visit (room numbers are required):

Removal of
- o speaker only in room _____
- o bracket only in room _____
- o entire system in room _____

Installation of
- o speaker only from room _____
- o speaker only from room _____
- o entire system from room _____

- o Instruction on use of system
- o Other

_____

Special instructions: e.g. Location of equipment for pick up.
Please indicate the preferred placement of the system/speaker(s). Note that the exact speaker placement may be restricted by technical considerations.

Preferred time for visit? _____

*Supportive Hearing invoice # _____
Purchase order number _____
Serial number _____

Person making this request _____
Tel number _____
e-mail _____
Date _____

Forward this completed form to Supportive Hearing and a staff member will be contacting you shortly to schedule a visit. Thank you for completing this sheet.
* Required fields

tel 416-236-4898 toll free tel 800-732-8804
fax 416-483-6210 toll free fax 800-597-3143
Email: customerservice@fmhearing.com
www.fmhearing.com