STATE OF CALIFORNIA
Department of Resources Recycling and Recovery (CalRecycle)
CalRecycle 720 (Rev 12/22)

## **EQUIPMENT SERVICE REQUEST**

LEA Contact (print name):			
Agency:			
City/County:			<del> </del>
Address:			· · · · · · · · · · · · · · · · · · ·
Telephone:	e: Email/Fax:		
Calibration/Maintenance/Service:			
Instrument model:			
Instrument serial number:			
Service requested:  Calibration	Repair	☐ Maintenance	
Last calibration due date:			·····
LEA Manager's Signature:			Date <sup>.</sup>