



Correctional Facility Product Defect Return Form

Date: _____

First Name: _____ Last Name: _____

ID # _____

Facility Name: _____

Street Address: _____

- NOTE: Street address MUST be a physical address. We cannot ship to a PO Box

City: _____ State: _____ Zip Code: _____

Phone #: _____ Special Instructions: _____

Please provide the following information regarding the product you are returning.
Please use a separate form for each lock returned.

1. Model number of your defective Master Lock: _____
(Note, we do our best to match your replacement product, however, there are instances in which the lock being requested has been discontinued. In such a case, we will replace your lock with a like item)
2. Should your replacement lock be keyed to the same key number as the lock you are returning?
(NOTE: We do our best to match your key number however, there are instances in which the key number being requested is not available. In such a case, we will replace your key number with one that is available)

Circle one: YES NO If yes, what is the key #? _____

3. How long have you owned this product? _____

4. Briefly describe for what purpose you were using the lock: _____

5. Please summarize the product defect: _____

Note: Product received for replacement will not be returned.

PLEASE PRINT THIS FORM AND RETURN IT WITH YOUR DEFECTIVE MASTER LOCK TO:

Master Lock Warehouse
1600 W La Quinta Rd
Suite 1
Nogales, AZ 85621