




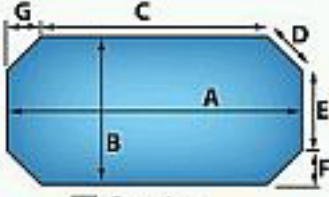
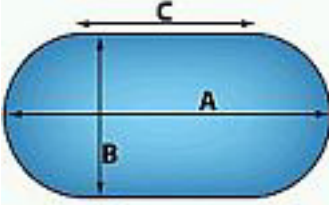
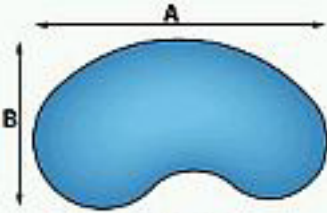
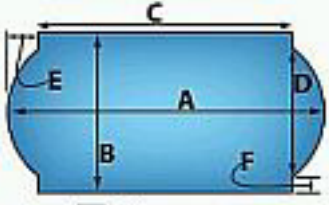
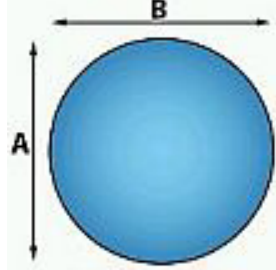
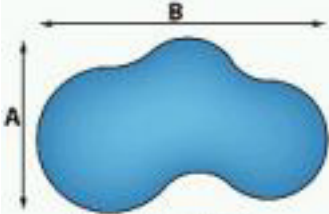
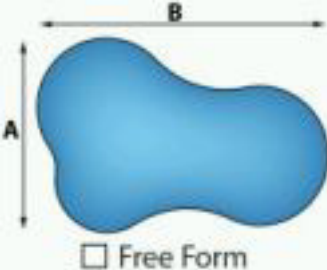
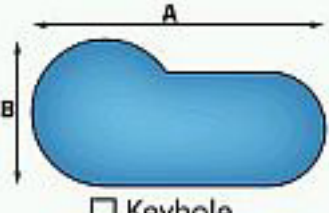
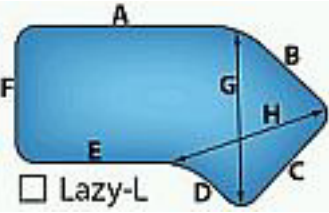
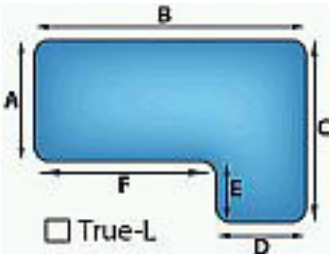
Safety Cover Repair / Replacement Form

155 N. Main Street, Ste #201 – Collierville, TN 38017 - Toll Free 888-246-6909 – Direct: 901-414-2225

Please fill out completely and fax to: 901-531-8436 or email to support@mightycovers.com

Your Shipping Address & Contact Information		Description of Repair	When you receive your shipping box:	
Name			1	Remove all hardware from the cover (Springs and Buckles).
Address				
City, State			2	Place cover in provided box, tape it up and affix UPS label.
Zip	Age of Cover			
Phone			3	Drop off at UPS shipping location.
Email				

Please check appropriate box and fill in the dimensions in the space provided
 Only A and B (Length and Width) needed unless otherwise indicated. Approximate Measurements are OK
 This Information is used to calculate approximate shipping weight.

 <input type="checkbox"/> Rectangle	 <input type="checkbox"/> Grecian	 <input type="checkbox"/> Oval	 <input type="checkbox"/> Kidney																				
 <input type="checkbox"/> Roman	 <input type="checkbox"/> Round	 <input type="checkbox"/> Humpback	 <input type="checkbox"/> Free Form																				
 <input type="checkbox"/> Keyhole	 <input type="checkbox"/> Lazy-L	 <input type="checkbox"/> True-L	<table border="1"> <tr> <td>A</td> <td></td> <td rowspan="2">My Cover is:</td> </tr> <tr> <td>B</td> <td></td> </tr> <tr> <td>C</td> <td></td> <td><input type="checkbox"/> Mesh</td> </tr> <tr> <td>D</td> <td></td> <td><input type="checkbox"/> Solid</td> </tr> <tr> <td>E</td> <td></td> <td>Color of Cover:</td> </tr> <tr> <td>F</td> <td></td> <td></td> </tr> <tr> <td>G</td> <td></td> <td></td> </tr> </table>	A		My Cover is:	B		C		<input type="checkbox"/> Mesh	D		<input type="checkbox"/> Solid	E		Color of Cover:	F			G		
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