COSAR
MOLD REPAIR, ENGINEERING, AND FINISHING TECHNOLOGY

DATE OF REQUEST: _____

COMPANY: _____

CONTACT: _____

PHONE NUMBER: _____

MOLD NAME / NUMBER / DESCRIPTION: _____

MOLD WEIGHT: _____

MOLD AVAILABLE DATE & LOCATION: _____

REQUESTED RETURN DATE & LOCATION: _____

DESCRIPTION OF WORK / REPAIR:

_____

_____

_____

_____

_____

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

PLEASE SEND COMPLETED FORM TO YOUR COSAR CONTACT, TIM GREENE, AND KIALA GASKINS

STEVE: SRASTETTER@COSARMOLD.COM
JERRY: JJOHNSON@COSARMOLD.COM
TIM: TGREENE@COSARMOLD.COM
KEANE: KCROCKETT@COSARMOLD.COM
KIALA: KGASKINS@COSARMOLD.COM