



## Recall Form

To help us serve you better, please complete the following information:

Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about the recall? \_\_\_\_\_

|                   |               |
|-------------------|---------------|
| ELMO MODEL NUMBER | SERIAL NUMBER |
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