



**OPS CHALLENGE LOCAL EVENT
LOANER SKID REQUEST FORM**

Please complete this form and submit it to your WILO Regional or District Sales
Manager to complete

**PLEASE PRINT OR TYPE
REQUESTING PARTY**

Event Date: _____

Event Name: _____

Requested arrival date of loaner: _____

Location Name: _____

Ship to address: _____

City and State: _____

Zip Code: _____

Contact Name: _____

(FOR WILO THOMASVILLE USE ONLY)

Date Shipped: _____

Unit Number Shipped: _____

Carrier Name: _____

Carrier Pro Number: _____

Carrier Phone Number: _____

Return Shipping Documents Included (Please double click and choose check)

Unit Return Date: _____

Completed by: _____

(WILO USA Thomasville)