



Pulkveza Brieza street 3-4, LV-1010, Riga, Latvia
Office ph.: +371 266102285
Fax ph.: +371 266102276
office@levinee.lv
www.levinee.lv

RECLAMATION FORM

** Completion of fields marked with asterisk is mandatory*

*Company's name: _____

*Invoice number: _____

*Contact person: _____

Date of purchase: _____

*Telephone: _____

E-mail: _____

*Date of the presentation of the
reclamation: _____

*Grounds for reclamation:

<i>Product</i>	<i>Number of Invoice</i>	<i>Description</i>

Digital photos, serving as evidence for the reclamation, have been sent to the E-mail address office@levinee.lv.

/Signature/

Please send the signed and stamped copy of the form to fax number +371 266102276 or E-mail office@levinee.lv.