

### EQUIPMENT MALFUNCTION FORM

- Photocopy Machine
- Copy Card ATM
- Bill-to-Bill Changer

Name of Patron: \_\_\_\_\_

Amount lost: \$ \_\_\_\_\_

# Copies Lost: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Note: This form only verifies the notification of a problem. The Copy Shop will determine if a refund will be granted.

Questions, Comments, or Concerns  
(301) 405-9057 [mckcopy@umd.edu](mailto:mckcopy@umd.edu)

PLEASE RETURN FORM TO MCKELDIN COPY SHOP IN 3 DAYS

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