

This form is to be used when the owner of an AD unit requests a change of their "distributor of record" in the AD database.

Upon completion of this form; **email to:** irm.ad.repair.us@dormakaba.com
or fax to: +1-800-404-4526; **ATTN:** AD Customer Service

UNIT SERIAL NUMBER (required): _____

Reason for Change (optional):

Owner Information Update

(optional):

Company: _____

Contact Name: _____

Address: _____

City: _____ State or Province: _____

Zip or Postal Code: _____ Phone Number: _____

Email Address: _____

REQUIRED

Email Address: _____

Date of Request: _____

Owner Name (print or type): _____

Owner Signature (sign if faxing): _____

For Office Use Only

Editing Agent: _____

Date: _____