



**Ministry of Public Works Compound
Lynch Street, Monrovia Liberia
CUSTOMER SERVICE REQUEST FORM**

Code: _____

| INSTRUCTIONS | |
|--|---|
| <i>Customer is to fill in this form to request service</i> | |
| CUSTOMER INFORMATION | |
| Customer name: | |
| Name of representative: | |
| Physical Address: | |
| Phone Number: | |
| Email Address: | |
| Business activity description of company. | |
| Date | |
| GENERAL REQUIREMENTS | |
| Type of service requested | 1. Standards sales. _____ 2. Testing service _____ 3. Calibration service _____ 4. Certification service _____ 5. Inspection service _____ 6. Technical service _____ |
| Reason for requesting service | 1. Export <input type="checkbox"/> 2. Import <input type="checkbox"/> 3. Domestic/local <input type="checkbox"/> 4. Internal quality control. <input type="checkbox"/> 5. Regulatory requirement <input type="checkbox"/> 6. Others: _____ |
| Type of sample | |
| Quantity of sample | |
| Means of sample delivery | |
| Delivery date | |
| Anticipated turnover time | |
| SPECIFIC REQUIREMENTS | |
| Special requirement for services | 1. Accredited services <input type="checkbox"/> |
| | 2. Non accredited services <input type="checkbox"/> |
| | Do you know specific parameters for which you are requesting the service? Yes () No () |
| Specific requirement for contingency actions | |

(Form could be downloaded, filled in and sent through this email: customer.service.support@lisa.gov.lr.)

For held please call (+231) 0880918823

Filled by: _____ **Date:** _____