

**INSTRUMENT**  
**INFORMATION**  
**SHEET**



***City Music Center***

919 N Route 130  
Burlington, NJ 08016  
609-239-4494 Fax 609-239-4490

Private Repair

Repair Estimate Needed

Rental Repair

Rental Exchange

Rental Return

Date \_\_\_\_\_

Instrument Type \_\_\_\_\_

Make \_\_\_\_\_ Serial # \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE ALL INFORMATION TO EXPIDITE REPAIR WORK**

School \_\_\_\_\_

Student's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_