

From _____ Address _____ City, St. Zip _____	Ship to: <h1 style="margin: 0;">Dolls by Diane</h1> <h2 style="margin: 0;">182 Pine St.</h2> <h2 style="margin: 0;">Homosassa, FL 34446</h2>
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Request Form for Repair

(Please Enclose with Doll) **(PLEASE PRINT)**

Name _____

Address _____

City _____ St _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Specifics _____

E-Mail _____

General Repairs

Head
 Eye
 Arms
 Legs
 Wig/hair

Hands
 Body
 Painting
 Restring
 Clothing

We will call you just as soon as your doll arrives and we can evaluate your dolls.