



RECALL RESPONSE

Acknowledgement and Receipt Form Response is Required

For Sage Use Only	
Consignee #:	_____
Receipt Date:	_____
Processed By:	_____
RMA#:	_____

If you are a consumer/ in home user please complete this form:

Please print the following information:

Your Name:			Purchased from:		
Address:			Order Number:		
City:			Email:		
State:		Zip:		Phone:	

I have read and understand the recall instructions provided in the August 2016 letter. Yes No

Signature: _____ Date: _____

Please check the appropriate box. If you have affected product, please record the quantity below and return this form to Sage Products. Please discard any affected product.

- I have no affected product(s).
- I have discarded the affected product(s) listed in the table below.

PRODUCT CODE	LOT NUMBER	QUANTITY	
		CASES	PACKAGES

PLEASE RETURN THIS COMPLETED FORM FOR REPLACEMENT OR REFUND:

CHECK ONE: Refund Replacement

BY MAIL IN THE ENVELOPE PROVIDED TO: Sage Products LLC
3909 Three Oaks Rd
Cary, IL 60013
Attn: Customer Service – Recall

BY EMAIL TO: recall@sageproducts.com
OR BY FAX TO: 1-224-387-2130