



**L&S Safety Solutions LLC**  
PO Box 20309  
Wickenburg, AZ 85358

## **Return Authorization**

Please fill out this form with a brief explanation as to the reason for the return, and send to the address above.

**Name:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Item(s) being returned:**

\_\_\_\_\_  
\_\_\_\_\_

**Reason Returned:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:**

\_\_\_\_\_