DELIVERY REPORTING AND REQUEST FORM

Report Number (to be assigned by National):	
Date form completed (d-MMM-yy):	
Form completed by:	

Original Delivery Information

Order confirmation code:	
Cookie Receiver's name:	
Delivery address:	
City, Province, and Postal Code:	
Day phone # (000-000-0000):	
Other phone # (000-000-0000):	
Area name:	
Division name:	
District name:	
Cookie Adviser's name:	Phone #:
Number of Cases ordered:	
Delivery date requested (d-MMM-yy):	

Delivery Report or Request Details

Delivery Concern (click one):	☐ Address Change ☐ Order Problem ☐ Additional Order ☐ Order Change ☐ Delivery Problem ☐ Other
Proof of Delivery (POD) Slip #:	Copy Attached? ☐ Yes ☐ No
Delivery Report Details: Explain your concern/complaint and need in detail	
Result:	
Date Resolved by National (d-MMM-yy):	