

LOCK REPLACEMENT FORM

Traveler / Customer Name: _____

Address: _____

City: _____

State / Province: _____ Zipcode: _____

Country: _____

E-mail address: _____

Date of trip: __ / __ / __

Airport where luggage was checked: _____

Airline and Flight Number: _____

Comment:

Kindly provide us with the lock (if returned), the original receipt of purchase for your Safe Skies™ Luggage Lock, along with the TSA notification of baggage inspection so that we may honor our replacement policy.

Please use the shipping label below:

From: _____

**Safe Skies Luggage Locks
954 Third Avenue, Suite 504
New York, NY 10022**

