



Warranty Return Request Information

Owner Name :

Owner Address :

Owner City :

Owner State :

Owner Zip Code :

Contractor Name :

Contractor Phone :

Date of Request :

Return Ticket Number :

Model # :

Serial # :

Install Date :

Fail Date :

Replacement Model # :

Replacement Serial # :

Replacement Part # :

Thorough explanation of defect :

Has Item been submitted to Vendor? Yes No

If Yes, add details :

Form submitted by :

Only if warranty has been verified with the vendor, please issue due credit to customer.