



# WARRANTY SERVICE REQUEST FORM

REQUEST DATE: \_\_\_\_\_

TO MAKE A WARRANTY SERVICE CLAIM, THE VENT-A-HOOD PRODUCT MUST QUALIFY AS AN ACTUAL WARRANTY ISSUE. IF THE ISSUE PROVES TO BE FREIGHT DAMAGE, BLOWER WHEEL DAMAGE, LIGHT BULBS, DAMAGE OR MALFUNCTION CAUSED BY FAULTY INSTALLATION, INCIDENTAL OR CONSEQUENTIAL DAMAGE, COMMERCIAL APPLICATION, MISAPPLICATION OR MODIFICATION OF OR TO ANY PART OF THE VENT-A-HOOD PRODUCT, OR ANY OTHER ISSUE NOT COVERED BY THE MANUFACTURERS WARRANTY, SERVICE CHARGES MAY BE APPLIED.

## CUSTOMER INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## DEALER INFORMATION

Name: \_\_\_\_\_ Main Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## INSTALLER INFORMATION

Name: \_\_\_\_\_ Main Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## PRODUCT INFORMATION

Model No: \_\_\_\_\_ Description: \_\_\_\_\_ Serial No: \_\_\_\_\_  
Purchased: \_\_\_\_\_ Installed: \_\_\_\_\_

Issue:

## RESOLUTION INFORMATION

Parts Required: \_\_\_\_\_

Parts Returned: \_\_\_\_\_

Action Taken: