

Outdoor GreatRoom Company
12400 Portland Avenue South
Suite 195

Burnsville, MN 55337
Fax (952) 358-7414

Warranty Claim Form



Dealer Name:
Contact:
Address:
Phone #
Fax #

Service Call

**Check appropriate box*

Damaged Goods Received
Missing Parts

Sales Order/Purchase #/Invoice #:
Model #:
Serial #:
Purchase Date:
Part #:
Failure Date:

(must include part #, please refer to manual)

***Description of Problem**

***Resolution** (corrective action taken / list parts used)

	Part Used /Service Needed

(If part needed, please include shipping address)

Request for parts
Credit

Ship parts

For Office Use

Outdoor GreatRoom Refrence No. _____

Confirmation Date of parts shipment: _____

*All boxed areas must be completed. If this form is not completed properly,
the warranty will be returned to the originator.