

# Warranty Claim Form



## ORIGINAL ORDER INFORMATION

Job Name: \_\_\_\_\_ Installation Date: \_\_\_\_\_  
Purchasing Distributor: \_\_\_\_\_  
Purchase Order: \_\_\_\_\_

## WARRANTY CONTACT INFORMATION

Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Ship to Contact and Address for Replacement Parts:

Name & C/O	Address

## WARRANTY CLAIM INFORMATION

Warranty Claim Submission Date: \_\_\_\_\_ Operating Hours: \_\_\_\_\_  
Are the Fixtures Flashing, Blinking, or Strobing?: Yes:  No:   
Are the LED Modules Blackened or Burned Out?: Yes:  No:   
What is the site voltage?: \_\_\_\_\_  
Do the fixtures operate by a Photocell?: Yes:  No:   
Do the fixtures operate by any other controls?: Yes:  No:   
If Yes, please specify: \_\_\_\_\_  
Special Notes: \_\_\_\_\_

# Warranty Claim Form



## PRODUCT(S) TO FILE WARRANTY CLAIM

Quantity	Product Code	Notes

## INTERNAL USE ONLY

WCF#: \_\_\_\_\_

Warranty Claim Solution: \_\_\_\_\_

Replacements Shipped Out:      Yes:  No:

Tracking Number: \_\_\_\_\_

Defectives Received Back:      Yes:  No:

Tracking Number: \_\_\_\_\_

Warranty Claim Closed:      Yes:  No:

Date: \_\_\_\_\_

Inspector: \_\_\_\_\_