



522 South 13<sup>th</sup> Street, PO Box 549, Decatur, Indiana 46733

### *Warranty Service Request*

With the exception of specific emergencies, all requests for service should be submitted in writing. This provides permanent documentation for your file.

Please use this form to notify us of warranty concerns. Please mail this form to the address shown above. The appropriate service representative will contact you to set an appointment for inspection. Appointments for inspection / service work will be scheduled between 7:30AM to 3:00 PM Monday through Friday.

Please verify that the below information is correct. Make any necessary corrections.

Please provide detailed information on the form. Be as complete as possible when describing your problem. Attach pictures if necessary. **Please Print.**

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