

# WARRANTY REQUEST



Date : \_\_\_\_\_ Year of Mfg : \_\_\_\_\_

Lift name : \_\_\_\_\_ Contract no. : \_\_\_\_\_

Lift model : \_\_\_\_\_ Area : \_\_\_\_\_

Name or requestor : \_\_\_\_\_

Address : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

E-mail : \_\_\_\_\_

Quantity :	Part (ID) No. / drawing :	Description :	Serial No :
Invoice number :	Delivery date :	Purchase order number :	

Reason for request in detail:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

→ Attach copy of invoice → Properly complete warranty request → properly complete identification tags → mark part to show concerns → clean, and protect part → disclose all facts pertaining to failure → pay all transportation charges.

**For DOPPELMAYR use only**

Warranty request number: _____		Ref: _____	
<b>APPROVED</b>	<input type="checkbox"/>	<b>DENIED</b>	<input type="checkbox"/>
Part under warranty	<input type="checkbox"/>	Part not under warranty	<input type="checkbox"/>
Customer complaint warranty	<input type="checkbox"/>	Warranty expired	<input type="checkbox"/>
Good will	<input type="checkbox"/>	Normal wear	<input type="checkbox"/>
Cost :		Other :	
Approved by :		Denied by :	
Office :		Office :	