

# Warranty Claim Form

Requested by:			Date:					
Phone:		Fax:		E-Mail:				
<b>CUSTOMER INFORMATION</b>								
Name:			Phone:					
Address:			Fax:					
			E-mail:					
<b>UNIT INFORMATION</b>								
Ambulance <input type="checkbox"/> RV <input type="checkbox"/> Bus <input type="checkbox"/> Trailer <input type="checkbox"/> Truck/Tractor <input type="checkbox"/>		Suspension Model#  Suspension Serial#		Type of use:  Service Part: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Year Model:		Make:		VIN:				
In Service/Purchase Date:		*Mileage:		Date of Failure:				
<b>ISSUE INFORMATION</b>								
Issue/Complaint and Claim/WO #:								
What is necessary to correct the issue?								
List parts if needed:								
	Part #	Qty	Part #	Qty	Part #	Qty	Part #	Qty
<b>REPAIR FACILITY INFORMATION (IF DIFFERENT FROM CUSTOMER)</b>								
Name:			Phone:					
Address:			Fax:					
			E-mail:					

\* Not required on trailers

**Please send information to one of the following:**

Reyco Granning Suspensions  
 Attn: Warranty Department  
 1205 Industrial Park Drive  
 Mount Vernon, MO 65712  
 Phone: 417-466-2178  
 E-mail: rgwarranty@reycogranning-intl.com