PART CLAIM FORM

• Replaces PRA form •

PLEASE COMPLETE ALL SECTIONS OF THIS FORM
IN ORDER TO RECEIVE PROPER
AND PROMPT CREDIT.

(Keep a copy for your records.)

Lochinvar®

Lochinvar, LLC.
Attn: Warranty Administration
300 Maddox Simpson Pkwy.
Lebanon, TN 37090

Today's Date: _____
(mm/dd/yyyy)

YOUR INFORMATION

Your Customer #: _____
(or fill out Customer Information below)

Customer Name

Address

City State Zip Code

Phone #

CONTRACTOR INFORMATION

Contractor Name

Contractor Email Address (if available)

Address

City State Zip Code

Contractor Phone #

Original PO # : _____
Original Invoice # : _____
Purchased From: Shamrock Sales ☐ Factory ☐

Replacement PO # : _____
Replacement Invoice # : _____
Purchased From: Shamrock Sales ☐ Factory ☐

SERVICE INFORMATION

End User Name

Street Address

City State Zip Code

End User Phone #

Installation Type: ☐ Residential ☐ Commercial

Install Date (mm/dd/yyyy)

Failure Date (mm/dd/yyyy)

Model Number

Serial Number

Part Number

Description

Return Authorization Number (if available)

Reason for Part Replacement:

IMPORTANT

- Claims must be submitted within 30 days of failure date.
- A "Proof of Purchase" must be provided when the serial number of the heater indicates it is out of warranty.
- **All warranty claims will be audited.** *Incomplete claims will be denied.*

Part Claim Form 06/20

IF VIEWING IN A PDF READER (EX. ADOBE, FOXIT, XCHANGE EDITOR, ETC.) PLEASE CLICK SUBMIT BELOW

SUBMIT

IF VIEWING IN A WEB BROWSER, PLEASE SAVE AND SEND TO RGA-WARRANTY@SHAMROCKSALESINC.COM BY CLICKING ON THE EMAIL ADDRESS

SSI 121020