warranty <b>claim</b>	
, , , , , , , , , , , , , , , , , , , ,	e following: <b>I.)</b> serial number(s) or proof of purchase if no serial t/damage, and <b>3.)</b> a full description of the problem.
Person filling out this form: Distributor For Distributor Use Only:	Builder Homeowner/End User
PO Number	Claim Number
Action Requested: Credit Only Replace Only	
distributor/seller <b>contact informat</b>	
Company Name	Customer Name
Branch Number/Location	Branch Number/Location
Contact Name	Street Address
Phone	City/State/Zip
Email	Phone
*Photos are required for claim processing. Please email them to war	ed product(s) has been or will be appropriately destroyed or
Customer Signature	Printed Name
Title	Today's Date
Please fax to 503.266.4334 or email warranty@srsmith.com	
toll free 800.824.4387 fax 503.266.4334 web www.poollifts.com	SR Smith