

WATER SYSTEMS CLAIM FORM

PLEASE COMPLETE ALL SECTIONS
OF THIS FORM IN ORDER TO RECEIVE
PROPER AND PROMPT CREDIT
(KEEP A COPY FOR YOUR RECORDS)

SUBMIT FORM TO:
wswarranty@hotwater.com

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

Distributor Information	Contractor / Installer Information
<p>Your Customer #: _____ (or fill out Customer Name and Address below)</p> <p>Customer Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone # _____</p> <p>Your Debit or PO #: _____</p>	<p>Contractor / Installer Name _____</p> <p>Contractor / Installer Email Address (if available) _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Contractor / Installer Phone # _____</p>

Failed Tank Information	
<p>End User Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>End User Phone # _____</p> <p>Residential or Commercial Installation: __ Res __ Comm</p> <p>Install Date (mm/dd/yyyy) _____ Failure Date (mm/dd/yyyy) _____</p> <p>Model Number _____ Serial Number _____</p> <p>Leak Location (if known) _____</p> <p>Return Authorization Number (if required) _____</p>	<p>Include a copy of the Rating Plate showing the Model and Serial Number of the failed tank here.</p>

Replacement Tank Information	
<p>Model Number _____ Serial Number _____ Refund _____</p> <p>Replacement Date (mm/dd/yyyy) _____</p>	<p>Write the serial number in the space provided from the replacement unit.</p>

<p>IMPORTANT</p> <ul style="list-style-type: none">• Claims must be submitted within 30 days of failure date.	<ul style="list-style-type: none">• A "proof of purchase" must be provided when the serial number of the tank indicates it is out of warranty.• All warranty claims will be audited. Incomplete claims will be denied.
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