

WHOLE UNIT CLAIM FORM

- Replaces WRF form •

PLEASE COMPLETE ALL SECTIONS OF THIS FORM
IN ORDER TO RECEIVE PROPER
AND PROMPT CREDIT.
(Keep a copy for your records.)



Mail Form To:
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 #

Original PO #: _____

Original Invoice #: _____

Purchased From: Shamrock Sales Factory

CONTRACTOR INFORMATION

Contractor Name

Contractor Email Address (if available)

Address

City State Zip Code

Contractor Phone #

Replacement PO #: _____

Replacement Invoice #: _____

Purchased From: Shamrock Sales Factory

LEAKING TANK 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

Leak Location (if known)

Return Authorization Number (if available)

Attach the Rating Plate showing the
Model and Serial Number
of the leaking unit here.
(Do NOT use staples)

ATTENTION:

Must be original Rating Plate Sticker.

Failure to provide original will result
in claim being denied.

REPLACEMENT HEATER INFORMATION:

Model Number

Serial Number

Replacement Date (mm/dd/yyyy)

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.

Whole Unit Claim Form 04/20

Please attach a copy of the original rating plate sticker in your email

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

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