

WARRANTY CLAIM FORM

(PLEASE PRINT OR TYPE)

ALL THE INFORMATION BELOW MUST BE COMPLETED

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CURRENT DATE: _____ ORIGINAL OWNER: YES
 NO (warranty not transferable)

OWNER'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME PHONE #: _____

EMAIL ADDRESS: _____

MANUFACTURER: _____ MODEL YEAR: _____

MODEL NAME: _____ UNIT LENGTH: _____

TYPE OF UNIT: T.T. CLASS A PARK MODEL
 F.W. CLASS C TRUCK CAMPER

VEHICLE ID# (VIN#): _____

DEALER PURCHASED FROM: _____ DATE: _____

WHEN DID YOU DISCOVER THE PROBLEM (GIVE DATE): _____

PROBLEM: CHALKING TPO ROOF SKYLIGHT
 MOLD/MILDEW RUBBER ROOF

SPLIT SIDES: DRIVER SIDE FRONT CAP
 PASSENGER SIDE BACK CAP

EXPLAIN: _____

HAS A SERVICE CENTER INSPECTED THE UNIT? YES
 NO

IF YES:
 CENTER NAME: _____ CONTACT NAME: _____

ADDRESS: _____ PHONE#: _____

CITY/STATE/ZIP: _____ FAX#: _____

WHAT SPECIFIC CLEANERS HAVE BEEN USED ON THE ROOF? _____

OWNER'S SIGNATURE: _____ DATE: _____

RETURN PHOTOS AND PROOF OF PURCHASE WITH THIS FORM