

WARRANTY RETURN FORM

Date: _____

Your Reference #: _____



7500 N. 81st St., Milwaukee, WI 53223
Office: 414 434 1371 • Fax: 414 434 1378

Thank you for doing business with Hot Water Products! In order to facilitate your return, please fill out this form in its entirety.

- Please note: All HTP warranty claims must also be submitted with:
- Proof of purchase with the end user's name and address
 - Photos or video showing the installation and the unit's defect
 - Photo of the serial number tag of unit

Warranty Unit(s)

Warranty Part(s)

| | | | |
|--|---------------|---------------|--------------------------|
| Company Returning Merchandise: | Company Name: | Contact Name: | Phone: |
| | Address: | E-Mail: | Related PO or Invoice #: |
| Installer Information: (If different from above) | Company Name: | | Phone: |
| | Address: | | |
| Job Name & Address of equipment installation: | | | |

Unit Information for return of UNIT

| Original Model# | Original Serial# | Original Installation Date | Failure Date | Unit Return Only | |
|-----------------|------------------|----------------------------|--------------|---------------------|----------------------|
| | | | | Replacement Model # | Replacement Serial # |
| | | | | | |
| | | | | | |

Part Information for return of PART(S)

| Part number(s) being returned | Quantity | Original Model # of unit on which parts were installed | Original Serial# of unit on which parts were installed | Original Installation Date | Failure Date |
|-------------------------------|----------|--|--|----------------------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

Reason for Return: _____

Office Use Only

HTP RMA# _____ HTP CR# _____ HWP RMA# _____

Complete entire form and fax or email to Kaitlin:
Toll-free fax# 877-280-0022 • Local fax# 414-434-1378 • Kaitlin@hotwaterproducts.com