Warranty Claim Form

J.S.O'Will Inc. 34004 9th Ave S, STE A4 Federal Way WA 98003 (360)226-3637

Claim	Number:	
Claim	Date:	

(360)226-3637				Clai	m Date:				
DEALER INFO	RMATION		PHONE:		FAX:				
PRIMARY CONTACT:			TITLE:	TITLE.		TAGA II .			
	IIILE:	IIILE:		EMAIL:					
STREET ADDRESS:					CITY:				
STREET ADDRESS	LINE 2:				STATE:	ZIP:			
HEATER INFO	RMATION								
VAL6 MODEL:	☐ KBE5S	☐ KBE5L	ЕРХ	МРХ	DAYS	STAR			
RKF	HOTGUN	☐ X-5	☐ GP5II	☐ GN5	ОТНЕ	=====================================			
SERIAL NUMBER:	SERIAL NUMBER: DATE PURCHASED:								
INCIDENT INFORMATION DATE OF INCIDENT: TIME OF INC			F INCIDENT:	TYPE OF FUEL USED:					
LOCATION HEATER	WAS HSED.								
LOGATION TILATER	WAG GOLD.								
HEATER ENVIROMENT: (TEMPERATURE, WEATHER, ETC.) ELEVATION:									
DID A POWER OUTAGE OCCUR? YES NO POWER SOURCE:					VOLTAGE:				
DETAILED DESCRIPTION OF FAULT									
	<u> </u>	<u> </u>							
PARTS REPLACED:									

J.S.O'WILL, INC. REVISED 7/2021