

# Claim Report

Date:

Claim #:

DEALER INFORMATION						
Company's Name:				Phone #:	Fax #:	
Primary Contact:		Title:	Secondary Contact:		Title:	
Email Address:						
MAILING ADDRESS						
Street:			City:	State:	Zip:	
HEATER INFORMATION						
Val-6 Model:	<input type="checkbox"/> EPX	<input type="checkbox"/> KBE5L	<input type="checkbox"/> KBE5S	<input type="checkbox"/> DAYSTAR	<input type="checkbox"/> MPX	<input type="checkbox"/> 125NA HOTGUN
	<input type="checkbox"/> GP5	<input type="checkbox"/> GN5	<input type="checkbox"/> RKF			
Serial Number#:		Date Purchased:	Where was heater purchased from:			
INCIDENT INFORMATION						
Date of Incident:	Approximate time of Incident:		AM/PM	Type of Fuel Used:		
Where was heater used:						
CONDITION/SITUATION OF ENVIRONMENT WHERE HEATER WAS USED AND ELEVATION:						
Altitude where heater was operated:						
Did a power outage occur during the use of the heater when problem occurred?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
AC POWER APPLIED AND VOLTAGE:						
Voltage:		What kind of power source was used:				
DETAILED DESCRIPTION OF PROBLEM:						