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:		EMAIL:			
STREET ADDRESS:					CITY:			
STREET ADDRESS	LINE 2:		STATE: ZIP:					
HEATER INFO	RMATION							
VAL6 MODEL:	KBE5S	☐ KBE5L	ЕРХ	☐ MPX	DAYSTAR			
RKF	HOTGUN	☐ X-5	☐ GP5II	☐ GN5	OTHER_			
SERIAL NUMBER:	SERIAL NUMBER: DATE PURCHASED:							
INCIDENT INF	ORMATION		· · · · · · · · · · · · · · · · · · ·			-		
			F INCIDENT:	ENT: TYPE OF FUEL USED:				
LOCATION HEATER	WAS USED:	<u> </u>		<u> </u>				
LIEATED ENVIRONE	NIT. /TEMPERATI	IDE MEATUED	FTO \		EL EVATION:			
HEATER ENVIROMENT: (TEMPERATURE, WEATHER, ETC.)								
DID A POWER OUTAGE OCCUR? YES NO POWER SOURCE: VOLTAGE:								
			102					
DETAILED DESCRIPTION OF FAULT								
PARTS REPLACED:								

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