Warranty Claim Form

Requested by:		**Date:**
Phone:	**Fax:**	**E-Mail:**

CUSTOMER INFORMATION

Name:	**Phone:**
Address:	**Fax:**
	E-mail:

UNIT INFORMATION

Ambulance ☐ **RV** ☐ **Bus** ☐ **Trailer** ☐ **Truck/Tractor** ☐	**Suspension Model#** Suspension Serial#	**Used in USA?** **If no, where?**	**Type of use:** Shuttle	**Service Part:** **Yes** ☐ **No** ☐

Year Model:	**Make:**	**VIN:**
In Service/PurchaseDate:	***Mileage:**	**Date of Failure:**

ISSUE INFORMATION

Issue/Complaint and Claim/WO #:

What is necessary to correct the issue?

List parts if needed:	**Part #**	**Qty**	**Part #**	**Qty**	**Part #**	**Qty**	**Part #**	**Qty**

REPAIR FACILITY INFORMATION (IF DIFFERENT FROM CUSTOMER)

Name:	**Phone:**
Address: Location	**Fax:**
	E-mail:

* Not required on trailers

Please Send Information to One of the Following:

Reyco Granning, LLC.
Attn: Mark Bachman
3216 Olympia Drive Suite C & D
Lafayette, IN 47909
Phone: 417-466-1044
Fax: 765-838-1694
Email: mbachman@reycogranning.com

Reyco Granning, LLC.
Attn: Jason Myers
1205 Industrial Park Drive
Mt. Vernon, MO 65712
Phone: 417-466-1056
Fax: Attn: Warranty Dept. 417-466-1096
Email: jmyers@reycogranning.com