

URI – Data collection sheet for True warranty claims

URI OE#	BR#
CONTRACTOR – NAME:	
ADDRESS:	
CITY, STATE ZIP	
<u>JOB SITE</u> – NAME:	
ADDRESS:	
CITY, STATE, ZIP	
UNIT SERIAL #	
UNIT MODEL #	
INSTALL DATE:	
DATE FAILED:	
FAILED PART NUMBER/MODEL #:	
FAILED PART DATE CODE OR S/N:	
IF THIS IS A SERVICE PART WARRANTY CLAIM, DATE PART INSTALLED:	
REPLACEMENT PART NUMBER/MODEL#	
REPLACEMENT S/N:	
DEFECT CLAIMED:	