



COMMERCIAL WARRANTY CLAIM FORM

Internal Use Only:

Date Received:

Engineer Assigned:

Please fill out the below form completely and email it to warranty@dhtnet.com Reference the subject line as Commercial Warranty Claim.

Today's Date: _____

Location Information

Job Name:

Address:

City:

State:

Zip:

Contact Name:

Title:

Phone:

Email:

Installation Information

Product Name:

Serial #

DHT/SEB Manufacturer Rep Co.:

Installing Contractor:

Date of Startup:

Date of Last Maintenance:

Was your product installed as per our Installation & Operating Manual? Yes No, please specify why?

Has your unit been maintained as per our Maintenance Guidelines? Yes No, please specify why?

Can we get water quality test results if required? Yes No, please specify why?

Warranty Claim

Please explain in detail the issue you are experiencing. If possible, please attach pictures: