

FIXTURE WARRANTY CLAIM



Claims must be submitted within the product's warranty period. Have your invoice, PO, or order confirmation available. Consult your product documentation for specific terms and conditions.

1 – CLAIMANT INFORMATION

Company / Organization	Contact Name	Email Address
Phone Number	Ship-To Address (for replacement shipment)	

2 – PURCHASE INFORMATION

Original PO	Purchase Date	Purchased From
Installation Date	Failure / Defect Date	Est. Hours in Service (per Day)

3 – PRODUCT IDENTIFICATION

Product Code / Model Number	Qty Affected	Location / Project Name

4 – FAILURE DESCRIPTION

Failure Type	Describe Failure in Detail		
Operating Environment	Present at Installation		
	Third Party Dimmer	Non-Standard Voltage	Modifications Made
	Generator / UPS Power	Power Surge / Event	Controls (Occupancy, Bluetooth, etc.)

4 – RESOLUTION

Preferred Action upon Claim Confirmation

By submitting this form, I certify that the information provided is accurate and complete to the best of my knowledge. I confirm that the product was installed and operated in accordance with manufacturer instructions and all applicable electrical codes.

Printed Name	Title / Role
Signature	Date