



Warranty Claim Form

RG# _____

Please Do Not order replacement parts on this form. Contact or fax the Order Dept.

Dealer Information

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Homeowner Information
(We will reference the homeowner's name on the labor credit memo)

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Nature of Problem (explain):

Action Taken AND the Results:

You may fax this form to us and an RGA # will be assigned to it and written on the top of this sheet then faxed back to you. Always include this form when sending the defective parts back.
Fax: 1-888-669-6644

Fireplace Information

Model Number _____ LP NG

Purchase Date _____ Install Date _____

Serial Number _____
Example: 04-948129-41

Service Date _____

Troubleshooting Information

Thermopile Millivolts _____
(Burner 'ON') Before After

Thermopile Millivolts _____
(Burner 'OFF') Before After

Incoming Pressure: _____

Air Shutter Position _____

Proper Log Placement Observed? _____

Gas Leak Inspection? _____

Proper Ignition at both High & Low Settings? _____

Has the Venting Configuration, On/Off Switch, Orifice Sizes & all Wiring been Checked? _____

*****DO NOT ORDER REPLACEMENT PARTS ON THIS FORM *****

Part # Used for Repair	Description	Were you charged for the replacement parts?	All defective parts, except Logs, Refractory and Broken Glass need to be returned via an RGA # to receive Labor Credit.
Labor Requested (\$55.00 per Incident)		Mileage (.20/mile)	

Labor Approved
 Kozy Heat use Only

Total Approved