



## WARRANTY CLAIM FORM

Email to: Service@rockzoneamericas.com

Date: \_\_\_\_\_

### DEALER INFORMATION:

Business Name: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### DEALER IS REQUIRED TO SEND PHOTOS OF ALL DAMAGES WITH ALL WARRANTY CLAIMS

### BASIC EQUIPMENT INFO:

RockZone Model: \_\_\_\_\_ Excavator Make/Model: \_\_\_\_\_

Serial #: \_\_\_\_\_ Install Date: \_\_\_\_\_

Was Installation Commissioning Form completed before use? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach the report when filing claim.

If no indicate flow setting: \_\_\_\_\_ Relief pressure: \_\_\_\_\_

### ROCKWHEEL REPAIR INFORMATION:

Issue: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Please List Parts Used for Repair

_____	_____
_____	_____
_____	_____
_____	_____

**Labor: Total shop labor hours:** \_\_\_\_\_

FOR WARRANTY DEPT. USE ONLY:

Location Fixing Problem: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_