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WARRANTY REQUEST FORM

INFORMATION NEEDED

Claim No: _____ Date of Failure: _____ Date of Repair: _____

Dealer Name: _____ Phone No: _____

Address: _____

Customer Name: _____ Phone No: _____

Address: _____

Model: _____ Serial No: _____ Date of Delivery: _____

Truck Hours: _____ Mixer: High _____ Mixer: Low _____

Reason For Request: _____

Qty:	Part No:	Description:	Invoice No:	Cost:
Total				

Labor (Hrs):	Description:	Rate:	Total:

Report on work done to repair Failure: _____

Signed by Dealer: _____ Date: _____

Signed by LAIRD MFG: _____ Date: _____

Date Emailed or Faxed: _____ Attn: _____