

**Faulty / Returns / Warranty Claim Form**

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

ACC. Name/#: \_\_\_\_\_

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

Phone No: \_\_\_\_\_

Installer: Product \_\_\_\_\_

Phone No: \_\_\_\_\_

Model #: INV #: \_\_\_\_\_

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

Serial #: \_\_\_\_\_

Gas Supplier: \_\_\_\_\_

Region: \_\_\_\_\_

☐ Email a photo of the original installation to [sales@galpro.co.nz](mailto:sales@galpro.co.nz)☐ Has the product been serviced? Date of last service: \_\_\_\_\_☐ Top view plan/sketch provided of installation (2<sup>nd</sup> page of form)**This form has been completed by:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Reason for return (Please tick appropriate boxes):**Pressure too low: ☐ Can't adjust pressure: ☐ Unknown: ☐Gas reading: \_\_\_\_\_ Leaking through vent: ☐ Other, please providePressure too high: ☐ Change over regulator handle broken: ☐ details below: ☐

Gas reading: \_\_\_\_\_

**If you are returning a regulator, what appliance(s) is it supplying?**Storage hot water: ☐ Gas fireplace: ☐ Continuous flow hot water brand:Solar hot water: ☐ Gas BBQ: Gas ☐ Rinnai ☐ Dux ☐ Other ☐Room heater: ☐ cook top: ☐ Bosch ☐ Rheem ☐

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Office Use:**

Date received: \_\_\_\_\_ Inspected by: \_\_\_\_\_ Test Date: \_\_\_\_\_

Test Results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorised by: \_\_\_\_\_ Warehouse Manager Date: \_\_\_\_\_

Authorised by: \_\_\_\_\_ Managing Director Date: \_\_\_\_\_

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Provide a simple top view sketch of the site plan/gas installation of the property. Please include the following information; size of pipework, length of run, number of fixtures, MJ required, location of LPG cylinders.

