

Forged Iron Door Field Claim Form

(send completed form with photos to above address)

PART I - TO BE COMPLETED BY DEALER

DEALER _____	HOMEOWNER _____
CLAIM # _____	Address _____
Date _____	City _____
Address _____	State / Zip _____
City _____	Phone _____
State / Zip _____	
Phone _____	INSTALLED BY: <input type="checkbox"/> Contractor <input type="checkbox"/> Owner
Contact _____	<input type="checkbox"/> Other _____

Date of Purchase: by Dealer _____ (PO# _____) by Builder _____

Model # _____ **Model Type (circle one):**

Width _____ Height _____

Transom _____ Sidelite _____

Jamb Depth _____ Handing _____ Siding Type _____

Describe defect(s): _____

PART II - TO BE COMPLETED BY INSTALLER

INSTALLER CONTACT INFORMATION (if not dealer employee)

Name _____

Company _____

Address 1 _____

Address 2 _____

City _____

State / Zip _____

Phone _____

Installer Comments: _____

UNIT CONDITIONS

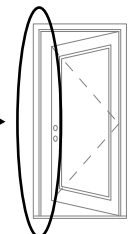
R.O. Dimensions _____


Is sill level? _____

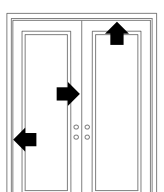
Are jambs plumb? _____

Are margins even? _____

REQUIRED PHOTOS

A) Defect area(s) 

B) Full view of strike jamb slightly open 

C) Interior margins 

- panel-head
- panel-panel
- panel-jamb