



Claim Date: _____

Received Date: _____

CLAIM REPORT

The following must be attached to properly process the claim report.

- 1. Diagrams of the installation with dimensions. Indicate the location of seams, cooktop and sink cutouts, and the dishwasher.
- 2. Color photos (3-4) of the defective area(s) and a photograph of the overall kitchen or bathroom area. Polaroid's are fine.
- 3. Fabrication/Installation "Quality Inspection Checklist" MUST accompany the Warranty Claim Report form, along with proof of purchase before the claim will be processed.

Distributor _____ Phone _____ Fax _____
 Current Fabricator _____ Phone _____ Fax _____
 Date Certified _____ Certification # _____ Job Install Date _____
 Original Fabricator _____ Number of Sheets Used _____
 Sheet Serial # _____ Sheet Color _____ Sheet Size _____
 Date Problem Noticed _____ Sink Model _____ Sink Color _____
 Nature of Problem _____

ESTIMATED COST OF REPAIR \$ _____ (Labor) _____ (Materials)
 ESTIMATED COST OF REPLACEMENT \$ _____ (Labor) _____ (Materials)
 Inspection Fee _____ Other _____
 End User's Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Claim Submitted by Avonite Specialists _____

MUST BE SIGNED

RECEIVED:

_____ INSP CK LIST _____ PHOTOS _____ BID _____ DRAWING _____ PROOF/PURCH