



WARRANTY CLAIM #

Blank box for Warranty Claim #

**WARRANTY CLAIM FORM**

(Fax to 613-443-1138 or E-Mail to [beaurocteam@beuroc.com](mailto:beaurocteam@beuroc.com))  
(All photos must be identified with the body serial number)

\* Dealer Claim Date: \_\_\_\_\_ \* Body Owner Claim Date: \_\_\_\_\_

\* Beau-Roc Dealer Name: \_\_\_\_\_ \* Contact Name: \_\_\_\_\_

\* Pictures of Problem Sent: Yes  No  \* Date Sent: \_\_\_\_\_ Via E-mail  Mail

\* Pictures of Repair Sent: Yes  No  \* Date Sent: \_\_\_\_\_ Via E-mail  Mail

\* Dump Body Serial Number: \_\_\_\_\_ Dump Body Model: \_\_\_\_\_

\* Dealer Purchase Date: \_\_\_\_\_ \* Body Owner Purchase Date: \_\_\_\_\_  
D/M/Y D/M/Y

\* Date of Original Installation of Body: \_\_\_\_\_ \* Dealer Installed: Yes  No   
D/M/Y

\* Please describe the nature of the problem(s) in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Please indicate necessary repairs & labour time involved (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Opinion: Is problem due to design or related to another issue (please describe)? Suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_  
D/M/Y

**OFFICE ONLY**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**\* All fields must be filled out for the warranty to be approved**

**\* Warranty claims without before & after photos CANNOT be approved**