## hansgrohe

## **Warranty Parts Request**

Please fill out the form belo	ow in order to reques	t warranty parts:	
Date:			
Homeowner Information			
Name:			
Street Address (where product is City:	s installed):	7:	
City:	State:	ZIP:	
Phone number:		<del></del>	
Shipping Information			
Name:			
Address:			
Phone number:		<del></del>	
Model Number of Complete U	nit***•		
Quantity of Units With Proble	m·		
Date of Purchase/ Installation	·····		
Finish (color) of Unit:			
<b>Brief Description of Malfuncti</b>	on, Breakage, Finish,	Etc.:	
<b>Brief Description of Part Num</b>	ber Requested:		
***If you do not know the mod	del number of your uni	t nlesse send nictures or a c	ony of
original receipt when you sen	ad this form Note: Die	es make sure to include the or	opy oi itira unit
as well as a close up of the prob		ase make sure to include the <u>er</u>	uiie uiil
as well as a close up of the prot	oioiii aioa.		

This request form does not guarantee that parts will be sent. All information will be reviewed by Hansgrohe to see if eligible for warranty. To review the Hansgrohe

Warranty Policy, please visit www.hansgrohe-usa.com/1498.htm.