



WARRANTY REPAIR CLAIM FORM

PLEASE COMPLETE, IN FULL DETAIL, FOR WARRANTY REPAIR REQUEST. SUBMIT COMPLETED FORM BY EMAILING TO WARRANTY@GCONINC.COM

PROJECT NAME	PROJECT ADDRESS
CONTACT NAME	CONTACT PHONE & EMAIL
WARRANTY REQUEST (PLEASE DESCRIBE IN DETAIL THE NATURE OF THE REQUESTED REPAIR)	
WHERE IS THIS ISSUE LOCATED? (IE BUILDING NUMBER, ROOM, EXTERIOR, INTERIOR, ETC)	
WHEN WAS ISSUE DISCOVERED?	
WHEN WAS THE WORK ORIGINALLY INSTALLED?	
HAS ANY PREVIOUS REPAIR WORK BEEN COMPLETED BEFORE CONTACTING GCON?	
HAS THIS ISSUE CAUSED ANY OTHER DAMAGES?	
IS THIS ISSUE HINDERING OPERATION OF YOUR BUSINESS?	
ADDITIONAL COMMENTS:	
CLIENT REPRESENTATIVE SIGNATURE: (SIGN UPON SATISFACTORY COMPLETION OF REPAIR WORK)	
_____ DATE _____	