

Warranty Claim Form

Email completed form to your
Regional Service Manager.

DATE _____
WARRANTY CLAIM # _____
please give your claim a sequential #

DEALER NAME _____
ADDRESS _____
CITY/STATE/ZIP _____

END USER NAME _____
ADDRESS _____
CITY/STATE/ZIP _____

VEHICLE DETAILS

MODEL _____
SERIAL NUMBER (EQ #) _____

WARRANTY REGISTRATION DATE _____
WARRANTY TYPE _____
SWEEPER HOUR METER READING _____
CHASSIS MILEAGE READING _____

DATE OF FAILURE _____
DATE OF REPAIR _____

To ensure we fully understand the defect that you have experienced we need to attain full details explaining the problem you have repaired. Please ensure all sections of this form are completed and that a separate form is used for each complaint. Thank you for your help to improve the reliability and quality of our product through your feedback.

CUSTOMER COMPLAINT

TECHNICIAN'S DESCRIPTION OF PROBLEM (CAUSE)

WHAT HAS TO BE DONE TO RESOLVE THE PROBLEM (CORRECTION)

PARTS USED TO RESOLVE THE PROBLEM:

PART NUMBER	DESCRIPTION	QUANTITY	REASON FOR REPLACEMENT	INVOICE NUMBER

RATE QTY TOTAL

Labor hours			
Travel mileage			
Parts			
CLAIM TOTAL \$			

BMNA USE

_____/_____/_____
DATE RECEIVED DATE APPROVED DATE PAID

APPROVED BY _____

BUCHER municipal

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