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*Internal Use Only*

Claim No.	
Date Received	

## CLAIM REQUEST FORM

Please fill out completely and return this form, along with photos of damaged product (if applicable) via email.

*Any expenses incurred by you for either doing corrective work or by contracting any other party will not be the liability of PME unless PME has issued, in writing, a CLAIM ADJUSTMENT STATEMENT which indicates PME will accept the charges. PME retains the first right to cure as stated in the Uniform Commercial Code.*

Company \_\_\_\_\_ Date \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Project Name \_\_\_\_\_ Serial No. \_\_\_\_\_

Type of Claim	Damaged Good(s) during shipping <sup>(1)(2)</sup> Damaged Good(s) onsite <sup>(2)</sup>	Shortage(s) <sup>(1)</sup> Mis fabrication	Defective Good(s) <sup>(2)</sup> Other
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(1) All claims for shortages and/or damaged good(s) during shipping, must be made within 24 hours of the elevator arriving on the job site.  
 (2) Be sure to hold on to the damaged/defective part(s). If supplier requires part(s) to be returned and they are not returned, you will be liable for the cost.

Part Name \_\_\_\_\_

Reason for Claim (be specific)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you called the supplier to troubleshoot? \_\_\_\_\_ \*required for defective electrical components

Supplier's technician's name \_\_\_\_\_ Ticket No. \_\_\_\_\_

Shipping Address for replacement part \_\_\_\_\_

\_\_\_\_\_

Desired Delivery Date \_\_\_\_\_ Please specify if you have a deadline (i.e. inspection date).  
 The actual delivery date will be subject on the date we receive **all** pertinent information and the availability of the product.

**I/We declare the above information to be true and correct to the best of my/our knowledge. I/We acknowledge that if proper steps are not followed, that I/we may be liable for the cost incurred.**

**Authorized Signature** \_\_\_\_\_