**CLAIM FORM**

PO Box 1960 | Winston, Oregon 97496

t. 541.679.6791 | f. 541.679.5063

oregondoor.com

Date of Claim: Sales Rep:

Type of Door: Has the Site Visit Been Completed?  Yes  No

Door Quantity in Claim:

Distributor Name: Contact Name:

Phone number: Email:

Job Name: Job Location:

Oregon Door Production Number: Reason for Claim:

Requested Date of Resolution:

Description of Claim with Door Numbers: Include all necessary details

Have the doors been hung?  Yes  No Are photos available?  Yes  No

If No, please explain:

Can the Claim be Resolved in the Field?  Yes  No If Yes, by whom?

Desired Resolution:

Oregon Door is not liable for doors repaired or replaced without prior written consent.

**Attach/send your photos with this form to sales@oregondoor.com**