

# 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](mailto:sales@oregondoor.com)**