

WARRANTY CLAIM REQUEST

EVIDOC # SM705

• YOU MUST USE A SEPARATE SHEET FOR EACH COMPLAINT •

Customer: _____ Date: _____
Address: _____ Claim #: _____
City/St/Zip: _____ Production #: _____
Contact: _____ VIN#: _____
Phone: (____) _____ Fax: (____) _____ In-Service Date: _____
E-mail: _____
=====

COMPLAINT: _____

Repair Facility: _____ Contact: _____
Address: _____ Phone: (____) _____
City/State/Zip: _____ Fax: (____) _____
E-mail: _____

• ATTACH REPAIR ESTIMATE FOR REPAIR AUTHORIZATION •

FOR EVI USE ONLY

REPAIR PROCEDURE: _____

Repair Authorization #: _____ Not to Exceed: \$ _____

Authorized Signature _____ Date: _____

EMERGENCY VEHICLES, INC.

705 13th Street • Lake Park, Florida 33403-2303 • Tel: 561.848.6652 • Fax: 561.848.6658

E-mail form to: customerservice@evi-fl.com • Web-Site: www.evi-fl.com

AUTHOR: Jo Anne Talierno
Sales Administrator

Page 1 of 1

DISTRIBUTION: Dealer Manuals
Master Manual

EFFECTIVE DATE: 02/23/2017
ISSUE NUMBER: THREE