# WARRANTY CLAIM REQUEST FORM

MMI DOOR
Your Doorway to a Beautiful Home®

## DEALER INFORMATION:

TODAY'S DATE _____ ORDER DATE _____ CUSTOMER PO# _____ SUBMITTED BY _____

PHONE # _____ CONTACT EMAIL _____ DEALER & LOCATION _____

TYPE OF PRODUCT _____ NATURE OF COMPLAINT (add any additional information in email) _____

DATE INSTALLED: _____ HOME OCCUPIED: ☐ YES ☐ NO

### HOW TO SUBMIT

1. Download the form and save it to your device
2. Reopen the saved file and complete claim form
3. Click the SUBMIT FORM button
4. A new email will pop up
5. Attach any photos
6. Include any additional details in the body of the email
7. Send the email

## CONTRACTOR/ HOMEOWNER INFORMATION:

☐ CONTRACTOR ☐ HOMEOWNER ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

CELL PHONE # _____ ALT PHONE # _____

CUSTOMER EMAIL _____

**The following photos are required with claim submission:**

1. **Photos of the entire unit taken from both inside and outside the home**
2. **Photos of the area of concern with the issue clearly point out**

**Note:** additional photos may be required for operations issues

Email completed form + photos to **mmi-warranty@mmidoor.com** ››

**SUBMIT FORM**

**Note:** after submitting the form, please attach any relevant details and photos to the generated email before sending.

## OFFICE USE ONLY

Suggested Action:

Inspection Required: ☐ YES ☐ NO Installation Issues: ☐ YES ☐ NO

Describe the installation issues in detail (if applicable):

Original Invoice # _____ Replacement Parts Order # _____

Service Completed: ☐ YES ☐ NO If no, explain why:

Service Tech comments:

HOMEOWNER SIGNATURE _____ DATE _____

TECHNICIAN SIGNATURE _____ DATE _____

Homeowner Comments:



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