



300 Lindbergh Drive South, Little Falls, MN 56345

# WARRANTY CLAIM FORM

FORM MUST BE FILLED OUT COMPLETELY FOR ANY CLAIM TO BE PROCESSED

RMA#: Authorization #
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**Include with this form: Photos of defective or damaged part, Copy of labor invoice (if any)**

LFM reserves the right to accept or reject all claims for limited warranty work in accordance with established policies and procedures. An assigned RMA is not a guarantee that credit will be given. Returned goods and parts under warranty will be either credited or replaced at factory option.

## END USER

Name:		
Address:		
City:	State:	ZIP:
Phone:	Contact:	E-mail:

## INSTALLER / DEALER

Name:		
Address:		
City:	State:	ZIP:
Phone:	Contact:	E-mail:

## WORK PERFORMED

Model #	Serial #:
Purchase Date:	Warranty Claim Date:
Brief Description of Failure:	
Work Performed:	
Person Performing Service:	Date:

scan and email completed form to [warranty@fallsplows.com](mailto:warranty@fallsplows.com)