

Plumbing Parts Submission Form



Please provide as much information as possible.
Fax to 303-757-4222 or via email to parts@werc.com

Claim No.:		Date Sent:		Email:	
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Field Claims Representative Contact Information

Name:	Phone:	Direct <input type="checkbox"/>	Mobile <input type="checkbox"/>	Office <input type="checkbox"/>	Fax <input type="checkbox"/>
Company/Office:	Phone 2:	Direct <input type="checkbox"/>	Mobile <input type="checkbox"/>	Office <input type="checkbox"/>	Fax <input type="checkbox"/>
Address:	City/State/Zip:				
Other:					

Insured

Name:		Loss Address:
DOL:	Loss Amt.:	

The Part (complete appropriate fields)

Type Part:	Model No.:	Serial No.:
Manufacturer:	Purchase Date:	Install Date:
Was part supplied with an appliance?	Installed By:	
Where was part purchased?	Are there photos of the part in place? <input type="checkbox"/> Yes (include if available) <input type="checkbox"/> No	
What was the water pressure?	Water Supply Source: (City, Well)	
How was the part removed?	By Whom?	
Any water pressure problems?	Date & description of any service performed:	
Describe recent plumbing problems:	Year of property construction:	

OTHER INSTRUCTIONS:

By submitting this form and the accompanying part, I authorize Western Engineering & Research Corporation (WERC) to analyze the included part, conduct air, water and/or functional testing as appropriate, and invoice me for the service and storage in accordance with WERC's terms and conditions.

WERC Project Number:		Date Received:	20070424
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