

# Plumbing Parts Submission Form



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

|                   |  |                   |  |               |  |
|-------------------|--|-------------------|--|---------------|--|
| <b>Claim No.:</b> |  | <b>Date Sent:</b> |  | <b>Email:</b> |  |
|-------------------|--|-------------------|--|---------------|--|

| 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 |
|----------------------|--|----------------|----------|