



Warranty Claim Form

Inv. Number: _____ Date: _____

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of completion/ pick- up: _____

Description of problem

Cosmetic

Structural (*Stringers, hull and Transom*)

*Please send this form to: mytccustomsllc@outlook.com

Administration

Repair under warranty

Other

Out of warranty

Special Instructions :

Approved By: _____

Date: _____