



# Dealer Warranty Claim Form for Rotational Spas

MUST BE FILLED OUT AND RETURNED WITHIN 30 DAYS FROM DATE OF SERVICE

## Dealer Information

Dealer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dealer Contact: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

## Owner Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

## Spa Information

Date of Service: \_\_\_\_\_  
Spa Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Spa Color: \_\_\_\_\_  
Pump Serial #: \_\_\_\_\_ Heater Serial #: \_\_\_\_\_  
Date of Mfg. (D/M/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Retail Sale: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Indoor/Outdoor? \_\_\_\_\_ Covered? (Y/N) YES  NO   
How Wired? 110 V/20 AMP  220 V/50 AMP

## Claim Description and Resolution

Problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parts Required For Repair:  
(Include Part # and Qty) \_\_\_\_\_  
\_\_\_\_\_

Resolution: \_\_\_\_\_  
\_\_\_\_\_

Follow Up/Comments: \_\_\_\_\_  
\_\_\_\_\_

### FOR OFFICE USE ONLY

Warranty Work Fee Claimed \$ **\$70.00**

Payment Authorized By: \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**COMPLETE AND  
RETURN TO**

### WARRANTY DEPT., STRONG SPAS

3204 POINT TOWNSHIP DRIVE, PO BOX 108  
NORTHUMBERLAND, PA 17857-0108

EMAIL:

**WARRANTYCLAIMS@STRONG9.COM**