



2455 Doolittle Drive
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www.doolittletrailers.com
warranty@doolittletrailers.com

REQUEST FOR WARRANTY CLAIM

(This form must be completed before a claim will be submitted for review)

(Please Print)

Date ____ / ____ / ____

Customer Name: First: _____ Last: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Dealership Where Purchased: _____

Purchase Date _____ ORIGINAL OWNER? YES OR NO (CIRCLE ONE)

Work Order #: _____ VIN #: _____

Describe Problem & When Did It Begin (Please Print):

Signature of Customer *Date* *Doolittle Representative* *Date*

PLEASE FAX (573-896-8123) OR EMAIL WARRANTY@DOOLITTLETRAILERS.COM THIS FORM PRIOR

REIMBURSEMENT DUE TO:
 DEALER
 CUSTOMER
 REPAIR FACILITY