

Pool Owner Name	_____
Address	_____
City, State, Zip	_____ Phone _____

Dealer/Installer Name	_____
Address	_____
City, State, Zip	_____ Phone _____
Dealer Signature	_____ Date _____

***Note: Pool Owner and Dealer Information is required for a valid warranty claim**

Nameplate Here

Date Installed	_____	Date Failed	_____
Nature of Defect	_____		
	<input type="checkbox"/> Noisy	<input type="checkbox"/> Shorted	<input type="checkbox"/> Trips Overload
			<input type="checkbox"/> Locked-Up
Motor Purchased from (Wholesaler)	_____		
Address	_____		
City, State, Zip	_____		
Note: Motor Information and nameplate are required for a valid warranty claim			

Mail form and nameplates to:

A.O. Smith Corporation Attn: Warranty Dept.
1325 Heil Quacker Blvd., LaVergne, TN 37086