



CLAIM FORM

Our goal is to provide customers with the best possible service. A completed claim form will facilitate that process. Therefore, please provide all the information requested.

Please e-mail completed claim form to Warranty@robertsonww.com or fax to **Warranty Department, FAX: 877-388-2420.**

For questions concerning the claim process, please contact the Warranty Department at 800-323-5633, or e-mail us at Warranty@robertsonww.com

*****WARRANTY CLAIMS CANNOT BE PROCESSED WITHOUT LOT CODE INFORMATION*****

I am: Distributor Contractor End-User OEM

Customer & Contact Info

<u>Contact:</u>	Phone:
Customer:	
<u>E-Mail:</u>	FAX:

Product Ship To Address

<u>Name:</u>	<u>City:</u>
<u>Address:</u>	<u>State:</u> <u>Zip:</u>

Installation Address:

Same as above

Name:	City,
Address:	State: Zip:

Type of Installation:

New Installation Retrofit Outdoor Indoor Other

Describe: _____

BALLAST

<u>Catalog Number</u>	<u>*Lot Code number</u>	<u>Date of Install</u>	<u>Total number Installed</u>	<u>Number not Working</u>	<u>Date of First Failure</u>	<u>Voltage at Site</u>	<u>Version - required for magnetic product</u>

** Note: A Lot code number identifying the manufacturing date is on each unit shipped from the factory.*

This number can be found stamped on the side or bottom of the case, or printed in two rows on a white label affixed to the case .

Please enter the Lot Code number in section A above. Example: 0720 00 (stamp) or

565749 1
260.08 (label)

PROBLEM

Will not start Dim Cycling Strobging Flicker Shuts off after time One or more lamps off Striation / barber pole

Detailed Description of Problem (visual, sound etc.)

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After review you will receive a confirmation, by e-mail or fax.



Describe: _____

Lamp Type: Linear Compact Circular Other

LAMP

Manufacturer	Lamp Wattage	Lamp Catalog Number	Date of Install	Lamps per ballast	Lamp Date Code

Type of Fixture: Surface Recessed Pendant High Bay Remote - lamp(s) remote from Ballast

Distance _____

FIXTURE

Manufacturer	Fixture Name	Fixture Model number	Number of fixtures per circuit	Lamp duty cycles per day

FIXTURE LOCATION

Description of fixture location and Installation (Ambient temperature, height of fixture, distance from fixture to electrical panel, wire gauge at fixture, modular wiring / quick disconnect (part#) ?)

Attach photos of location if possible

Control	Switch or Circuit breaker	Daylight Harvesting	Occupancy	Photo sensor	Other
Manufacturer					
Model number					

Electrical Measurements

Voltage	Line to Line	Line to Neutral	Line to Ground	Neutral to Ground	Grounding Method	Last Maintenance (date)
Fixture						
Panel						

Robertson's liability on any claim of any kind for any loss or damages arising out of, resulting from or concerning any aspect of this warranty or from the product or services furnished hereunder shall not exceed the price paid to Robertson for the specific ballast or ballasts which gives rise to the claim.

Form completed by: _____

After review you will receive a confirmation, by e-mail or fax.