

WARRANTY AUTHORIZATION FORM

*FOREST RIVER ROCKPORT DIVISION*  
2323 MIDDLEBURY ST  
ELKHART, INDIANA 46516

CONTACT: TROY BAKER  
PHONE: (888) 711-1600  
FAX: (574) 295-3974  
EMAIL: tbaker@forestriverinc.com

DEALER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CONTACT : \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

UNIT SERIAL NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

DATE OF SALE: \_\_\_\_\_ RETAIL CUSTOMER : \_\_\_\_\_

VIN: \_\_\_\_\_ MILEAGE : \_\_\_\_\_

DETAILED DESCRIPTION OF NECESSARY REPAIRS REQUESTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*IF YOU NEED MORE SPACE PLEASE USE A SEPARATE PIECE OF PAPER & ATTACH!

PARTS REQUESTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PARTS METHOD OF SHIP: PICK-UP ( ) IN UNIT ( ) UPS ( ) OTHER ( ) \_\_\_\_\_

ESTIMATE OF REPAIR \$ \_\_\_\_\_ HOURLY RATE \_\_\_\_\_

REPAIR AUTHORIZED BY: \_\_\_\_\_ AUTH. # \_\_\_\_\_ DATE: \_\_\_\_\_

FAX COMPLETED FORM TO: (574) 295-3974 - ATTN: TROY BAKER

EMAIL PHOTOS TO: tbaker@forestriverinc.com