



RGA Claim Form

Please fill out both pages and email the completed form to technicalsupport@viqua.com for processing.

Chamber Failure Claim:	Controller Failure Claim:
Reference case number: _____	Reference case number: _____
Chamber or system part number: _____	Part number: _____
Serial number from chamber: _____	Serial number: _____
How the chamber failed (check all applicable):	If no serial number, then PO or Invoice number required: _____
<input type="checkbox"/> Pin hole	Failure description: _____
<input type="checkbox"/> Leaking from weld	_____
<input type="checkbox"/> Leaking from gland nut or sleeve bolt	_____
<input type="checkbox"/> Dented	_____
<input type="checkbox"/> Corroded	System part number: _____
*Please provide pictures of the chamber damages. If there is a leak, please indicate it on the image.	System serial number: _____

Dealer Contact information

Company Name: _____

VIQUA Customer ID: _____

Branch Address: _____

Contact Name: _____

Email address: _____

Phone number: _____

Requested compensation (please check one) Credit Replacement

For additional assistance or for a case number, please contact VIQUA's Technical Support Team while on site at **1-800-265-7246 EXT 335**. You can also email the Technical Support Team at **technicalsupport@viqua.com**