



WARRANTY SERVICE FORM

Date: _____

CUSTOMER INFORMATION

Name: _____

Address of your Hayden Home: _____

Owner Occupied: (circle one) Yes No

Mailing Address (if different than above): _____

PO Box: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Most Convenient Time to Contact You: _____

DESCRIPTION OF WARRANTY REQUEST (Please be as specific as possible)

FAX TO THE WARRANTY SERVICE DEPARTMENT: 541-316-8836

If you have questions or need assistance in filling out this form, please call our Warranty Service Department at 541-923-6607.
If you prefer, you may mail this form to:
Warranty Service Department, 2464 SW Glacier Place - Suite 110, Redmond, OR 97756
OR CCB# 172526 • WA CCB# HAYDEHL937BH