

SURVIVOR CLAIM FORM

INTERNAL USE ONLY

REQ#:

FAX REQUESTS TO ATRIUM WINDOWS AND DOORS @ 1-800-522-3981



TO FILE A WARRANTY CLAIM



**THIS FORM MUST BE FILLED OUT COMPLETELY &
FAXED IN WITH A VALID PROOF OF PURCHASE AND A COMPLETED RP WORKSHEET**

Date of request: _____ Store Phone No: _____
Store No: _____ Address: _____
Contact: _____ City and State: _____

Homeowner: _____ Home No: _____
Address: _____ Cell No: _____
City, State: _____ Office No: _____

Survivor Product Information

Purchase Date: _____ Survivor Model: _____

QTY	VISIBLE GLASS SIZE ONLY (WIDTH X HEIGHT)	COLOR	GLASS TYPE	GRID TYPE (FLAT OR PROFILE)	GRID PATTERN

ISSUE WITH UNIT:

Please be sure the form is COMPLETELY filled out and fax back with a copy of the receipt showing purchase from Lowes and a completed RP worksheet. The claim can not be processed unless all required information is received.