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PortaCo, Inc. Warranty Claim

Registered Owner \_\_\_\_\_ Phone # \_\_\_\_\_ WCN \_\_\_\_\_  
 Address \_\_\_\_\_ Technician \_\_\_\_\_  
 Model # \_\_\_\_\_ Serial Number \_\_\_\_\_  
 Date of Failure \_\_\_\_\_ Date of Repair \_\_\_\_\_

Complaint/Action  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Enter parts used and/or replaced here- (use supplemental page if necessary)

QTY	Part#	Description	Returned Part#

Company Requesting Reimbursement \_\_\_\_\_ Labor Hrs \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_