

# Product Claim Report

Please complete as much information as possible. Complete information helps the quality inspectors. If credit is desired, an OSRAM SYLVANIA invoice # must be provided.

Type of claim (ballast or lamp) _____	Customer number (if known): _____		
Date of This Report: _____	Quick 60+ warranty #: _____		
<b>End User/Job Site (Attn. = contact name at installation site):</b>		<b>Requestor Information:</b>	
Name: _____	Name: _____		
Address: _____	Address: _____		
City: _____ State / Province: _____ Zip / Postal Code: _____	City: _____ State / Province: _____ Zip / Postal Code: _____		
Attn.: _____	Attn.: _____		
Phone number: _____	Phone number: _____		
Fax number: _____	Fax number: _____		
E-Mail: _____	E-mail: _____		
Have you contacted a Sylvania Sales Representative or Commercial Engineer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes" provide Name: _____	Phone: _____ Fax: _____		

## COMPLAINT INFORMATION:

Product description: _____	OSRAM SYLVANIA product number ( NAED / UPC code ): _____
Lamp description (Ballast Warranty only): _____	Serial number/Date Code req'd for XBO (add more below or on separate sheet): _____
Quantity in installation: _____	_____
Quantity claimed defective in installation: _____	_____
Quantity being returned: _____	Number of replacements desired: _____

Complete statement of complaint (and additional contacts/address - if required):  
\_\_\_\_\_  
\_\_\_\_\_

Actions already taken:  
\_\_\_\_\_  
\_\_\_\_\_

## Please choose either REPLACEMENT or CREDIT for the preferred resolution of this claim:

Choose <u>1</u> of the 3 listed below to send REPLACEMENT: Jobsite <input type="checkbox"/> Requester <input type="checkbox"/> Other (add Address below) <input type="checkbox"/>	For CREDIT
Send replacements to: _____ _____ _____	For Credit (Lamp Claims only), enter the OSRAM SYLVANIA Invoice # below:  Invoice # <input type="text"/>

## OPERATING CONDITIONS

Type of application (e.g. parking lot, used car lot, supermarket): \_\_\_\_\_

Is this a new installation?  Yes  No  
(If yes, please list fixture manufacture & catalog number ): \_\_\_\_\_

Ballast manufacturer & catalog number (lamp only claim): \_\_\_\_\_

Burning position of lamp: \_\_\_\_\_ Installation height: \_\_\_\_\_ Operating voltage: \_\_\_\_\_

Date of original installation: \_\_\_\_\_ Estimated life of product returned: \_\_\_\_\_ Hrs: \_\_\_\_\_

Hours burned per start: \_\_\_\_\_ Starts per day: \_\_\_\_\_ Days per week: \_\_\_\_\_

Product date code number (on lamp/ballast/case): \_\_\_\_\_

## Submit Completed Form To:

OSRAM SYLVANIA National Customer Service and Sales Center  
Tel: 800-654-0089 Email: [warranty.service@Sylvania.com](mailto:warranty.service@Sylvania.com) in the U.S.  
Fax: 866-632-9674 [oslwarranty@sylvania.com](mailto:oslwarranty@sylvania.com) in Canada  
Web: [www.SYLVANIA.com/warranty](http://www.SYLVANIA.com/warranty)

