



RINNAI DV RETROFIT CLAIM FORM

Service Provider Information

Company Name		Contact Name:		
Street Address				
City		State		Zip
Phone number #1 (with area code)		Phone number #2 (with area code)		

Product Owner Information

Consumer Name				
Street Address (where product is located)				
City		State		Zip
Phone number #1 (with area code)		Phone number #2 (with area code)	Service Provider's mileage to this address:	

Product Information

Model # (located on either side of product at top). Retrofit is only for models:	Gas Type	Serial # (located on either side of product at bottom on silver plate). ENSURE CORRECT SERIAL # IS RECORDED-THIS CAN BE DIFFICULT TO READ.	DV Reference number (if applicable)	Labor per Serial #
RHFE-431 FA III	Must be Natural Gas (NG) or Liquid Propane (LP)	Serial # must be 10 digits and appear as: YY.MM.XXXXXX. YY=year of manufacture. YY must be between 00 and 07 to qualify as part of retrofit. MM= month of manufacture and will always be between 01 and 12.		
RHFE-431 WTA				
RHFE-556 FA III				
RHFE-556 WTA				
Model #	Gas Type	Serial #	DV#	Labor per Serial #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

SPECIAL NOTES (ADDITIONAL PARTS, ETC):

SUBMIT TO:
 RINNAI DV CLAIMS DEPT.
 103 INTERNATIONAL DR
 PEACHTREE CITY, GA 30269