Custom Pump & Controls, Inc.

1840 RIVER OAKS ROAD **904-858-9605 - PHONE**
JACKSONVILLE, FL 32207 **904-858-9607 - FAX**

6034 JET PORT IND. BLVD **813-886-6255 - PHONE**
TAMPA, FL 33634 **813-886-3508 - FAX**

Date:	S/O #	Claim No.

Warranty: Yes ___ No ___ Reason: _____

BUYER'S NAME & ADDRESS		PROJECT NAME & ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
PUMP CATALOG NO.	SERIAL NO.	CATALOG NO. OF SWITCH USED	CATALOG NO. OF CONTROL BOX
INSTALLATION DATE	FAILURE DATE	DATE SERVICED/REPAIRED	PARTS TO BE SENT TO FACTORY
IF REPAIRED BEFORE (DATE)	CLAIM FILED? Yes _____ No _____	IF YES, CLAIM NO.	RG NO.

COMPLETE INFORMATION BELOW COVERING CHECKS OF PUMP SWITCH OR CONTROL BOX SERVICED/REPAIRED

GENERAL CONDITION OF PUMP/SWITCH/CONTROL PANEL	
PROBLEM AS REPORTED	PUMP PLUGGED? Yes _____ No _____

Pump/Motor Checks after Repair (See Service Instructions for Proper Readings) (MUST Be Completed to Preclude Return of Claim)

WINDING RESISTANCE (USE OHMMETER) B to W _____ B to R _____ W to R _____		RESISTANCE TO GRD. (USE OHMMETER) B to G _____ W to G _____ R to G _____	
AMP READING (USE AMPROBE) OPEN DISCHARGE	SHUT OFF HEAD (IN PSI OR FT.)	IMPELLER DIAMETER (INCHES)	AMP READING AT SHUT-OFF HEAD
REASON FOR FAILURE - FULLY DESCRIBED (CLAIM TO BE RETURNED IF NOT FILLED IN)			

ITEMIZE PARTS USED IN LABOR

QUANTITY	PART NO.	DESCRIPTION	NET PRICE EACH	TOTAL NET PRICE

TOTAL PARTS: _____ 10% _____ FLAT LABOR ALLOWANCE _____ TOTAL _____

	FOR OFFICE USE ONLY	
NOTE: Signatures attest to Warranty Failure, parts inspected by CPC Representative, and this claim conforms with Warranty Policy and conditions set forth herein.	DATE CLAIM RECEIVED	CREDIT MEMO NO
CUSTOMER SIGNATURE DATE	APPROVED (DATE)	BY:
REPRESENATIVE SIGNATURE DATE	RETURNED (DATE)	BY: