



Warranty Labor Request Form

Company Name _____

Address _____

City/ST/ZIP _____

Phone _____ Fax _____

Standard Hourly Service Rate _____

Model No. of Unit Serviced _____ LP or Nat

Serial No. of Unit Serviced _____

Installation Date _____ Installed by (Company) _____

Service Date _____ Parts Replaced (if any) _____

Work Performed and Time Involved. Attach service ticket signed by customer.

Requested Labor Dollars _____

After reviewing your request, Empire will pay a reasonable service rate (reasonable is, generally considered, the wholesale rate)

Submitted By _____

Fax Completed Form and Service Ticket to 800 443-8648

Updated 3/25/09 (Prior forms obsolete)