

**TESCO Limited Warranty Response Form  
HOMEOWNER REPORT**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_                      UTILITY PROVIDER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE THE SYSTEM WAS INSTALLED: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**PLEASE NOTE:** TESCO IS NOT RESPONSIBLE FOR ANY REPAIR OR EQUIPMENT REPLACEMENT MADE PRIOR TO TESCO'S DETERMINATION OF A VALID WARRANTY FILING ACCORDING TO THE TERMS OF THE LIMITED PRODUCT WARRANTY.

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PLEASE HAVE THE ELECTRONICS REPAIR SHOP FILL OUT THE FOLLOWING INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TAX ID NO. (REQUIRED) \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

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MAKE and MODEL NO. OF EQUIPMENT: \_\_\_\_\_

AGE OF DEVICE: \_\_\_\_\_

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DESCRIBE POSSIBLE CAUSE(S) OF FAILURE:

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DESCRIBE POSSIBLE FIX:

LIST COST OF PART(S), IF ANY, THAT WILL NEED TO BE REPLACED:

PLEASE STATE THE APPROXIMATE FAIR MARKET VALUE OF THE APPLIANCE (WORKING)  
PROPOSED TO BE REPAIRED:

I, \_\_\_\_\_, HEREBY CERTIFY THAT THE INFORMATION  
PROVIDED IS TRUE AND ACCURATE AND IN ACCORDANCE WITH APPLICABLE GOVERNING  
LAWS.

DATE: \_\_\_\_\_