

# FREEDOM



## Service Allowance Form

Utility: \_\_\_\_\_

Homeowner's Name: \_\_\_\_\_

Homeowner's Address: \_\_\_\_\_

\_\_\_\_\_

Labor Allowance  (Please check box if you are claiming labor)

Original Water Heater:

Model #: \_\_\_\_\_

Serial #: \_\_\_\_\_

Installation Date: \_\_\_\_\_

Reason for Failure: \_\_\_\_\_

(Other Than Defective)

**\*\*Please remember to attach data plate to this claim.**

Replacement Water Heater:

Model #: \_\_\_\_\_

Serial #: \_\_\_\_\_

Replacement Date: \_\_\_\_\_

Parts Information:

Failure Date: \_\_\_\_\_

\*\*\*\* Part#: \_\_\_\_\_

Description of Part: \_\_\_\_\_

Reason for Failure: \_\_\_\_\_

(Other Than Defective)

Replacement Part#: \_\_\_\_\_

Filed By: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Utility Marketing Concepts, Inc.

3427 N. Clinton Street

Fort Wayne, IN 46805

800-884-9051

Fax: 260-471-2597

Lisa Spangler's e-mail: [lspangler@utilitymc.com](mailto:lspangler@utilitymc.com)