

## **PROCEDURES FOR WARRANTY**

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Before requesting warranty performance, please determine validity of your claim. Owners agree to pay for any service call that is determined to be maintenance rather than warranty related.

**Be advised that warranty work will only be scheduled by appointment.**  
Monday through Friday; 8AM – 4PM.

Please Mail, Email or FAX your Warranty Request Form to:

Albert C. Kobayashi, Inc.  
353 Ano St.  
Kahului, HI 96732  
Fax#: (808) 871-8088  
Email: [donna@ack-inc.com](mailto:donna@ack-inc.com)

# WARRANTY REQUEST FORM

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ALBERT C. KOBAYASHI, INC. WARRANTY REQUEST

Email: Donna Jones at: [donna@ack-inc.com](mailto:donna@ack-inc.com) or Fax: (808) 871-8088

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

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Date: \_\_\_\_\_ Warranty Start Date: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_

Please List All Discrepancies in Detail:

Item # Description

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Requested By: \_\_\_\_\_

Acknowledgement upon Completion of Repairs:

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Homeowner's Acceptance

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Date Repairs Completed

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Representative's Verification