

Claim Form

Each Claim will be handled in order in which it is received.
Please allow several days to respond.

Pathway lighting Product # & Fixture Type:

Pathway sales order # and/or Customer purchase order #:

Rep agency name and contact info (Name, Phone #, Email):

Product Install date:

***Job site contact info (Name, Phone #, Email):**

Total # of fixtures affected:

Project/Job Name and Location (city/state):

Description of symptoms (please include as many details as possible):

Picture attachments, to be added on following page.

Picture attachments, click on images b to attach picture: (if more images are available please attach to email, **Image of ETL label from fixture if possible**)