



**TRU-FRAME®**  
A name you can build on.

## SKYLIGHT WARRANTY SERVICE REQUEST

*Attn: Customer Service*

**NOTE:** *There will be a service charge on any call determined not to be a warranty issue or the wrong reference information is submitted. Charge for parts to be determined.*

**\* Tru-Frame® skylights are not designed for use on flat roofs and service requests may not be valid on these applications.**

R. Lang Dealer Name: \_\_\_\_\_ Invoice or Work Order #: \_\_\_\_\_

Date: \_\_\_\_\_ Service Requested By: \_\_\_\_\_ Order Ship Date: \_\_\_\_\_

Account#: \_\_\_\_\_ Phone#: \_\_\_\_\_ Ext#: \_\_\_\_\_

Item or Part Number: \_\_\_\_\_ **\* Copy of invoice required to validate warranty**

Description of Problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Information below is REQUIRED for service:**

Type of roof: \_\_\_\_\_

Pitch of roof: \_\_\_\_\_

**Note: R. Lang cannot service tile, slate, or metal roofs.\***

**Recommended a minimum 3/12 roof pitch for proper weeping. Flat roof installations NOT recommended.**

\* For these conditions, we will provide replacement parts and/or schedule a service tech to meet and assist in repairing or replacing parts on the ground level only.

Homeowner: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Contact: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Phone#: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**WARRANTY  
SERVICE REQUEST**