



Warranty Claim Form

Circle one: Distributor Dealer End User

Contact Name: _____

Company Name: _____

Phone: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Which Godwin Group Product:

| | | | |
|-------------|----------------------|---------------|----------|
| Circle One: | Godwin Mfg. Co., Inc | Galion-Godwin | |
| | | | Champion |
| R/S Godwin | Williamsen-Godwin | Good Roads | |

Unit Model Number: _____

Unit Serial Number: _____

Vin# of Truck: _____

Date of Purchase: _____

Provide a detailed description of the issue you're experiencing:

Please provide a minimum of two (2) photos of the defective condition, including 1 close up of the defect and at least 1 of the entire truck or unit.