

PROCEDURES FOR WARRANTY

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

WARRANTY REQUEST FORM

ALBERT C. KOBAYASHI, INC. WARRANTY REQUEST

Email: Donna Jones at: 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:

Homeowner's Acceptance

Date Repairs Completed

Representative's Verification