

WARRANTY CLAIM FORM

Claim No. _____

Check appropriate Product Line: ☒ Selkirk ☐ Supervent ☐ Energy Vent ☐ GSW**Location of Installed Product :**

Name : _____ Home Phone No : _____
Street : _____ Work Phone No : _____
City : _____ Province/State : _____ Postal/ZIP Code : _____

Ship To : ☐ SAME ADDRESS AS ABOVE ☐ SHIP TO RETAILER**RETAILER:**

Name : Earth Sense Energy Systems, Inc. Phone No : 920-779-6647
Street : W9709 WI-96 Fax No : _____
City : Dale Province/State : WI Postal/ZIP Code : 54931

PRODUCT INFORMATION

Original Installation Date : _____ Claim Inspected by : _____

***PLEASE SPECIFY THE TYPE OF CHIMNEY/VENTING INSTALLED WITH AN (X)**

1" INSULATED: _____ Type of fuel : _____ Appliance type : _____
(SPR) _____ (JSC) _____ (SS) _____ (CC) _____ (HT) _____ Inner diameter of chimney : _____ Flue Gas Temp. of Furnace _____
2" INSULATED: _____ Diameter of appliance's outlet: _____ Furnace BTU's: _____
(JM) _____ (ALT) _____ (CF) _____ (CH) _____ If oil, burner nozzle size: _____ Height of System: _____
OTHERS: _____ SQ. Ft. of home: _____
(DWS) _____ (RV) _____ (BV) _____ (SFLX) _____ (AFLX) _____ (DSP) _____ (EV) _____ (SL) _____ (PL) _____ (DT) _____ (ZC40/640) _____ (HE40) _____

***PLEASE SPECIFY THE TYPE OF SUPPORT WITH AN (X).**

Cathedral Ceiling Support : _____ Decorator Ceiling Support : _____ Adj. Wall Support : _____
Type of installation : Interior ☐ Exterior ☐ Is chimney enclosed? _____
Stove Pipe : Single Wall ☐ Double Wall ☐ Length of interior stove pipe : _____

WHEN WAS THE CHIMNEY LAST INSPECTED AND CLEANED: Date: _____ By: _____
Explanation of defective product: _____

Material List Required:

Part Number	Description	Quantity
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR SELKIRK CORP. INTERNAL USE ONLY: Date : _____ Order Number : _____

COMMENTS : _____

To be Processed : _____ Amount owing : _____ Authorized By : _____



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