

Warranty Questionnaire Form

NAME		WHAT NAME WAS THE UNIT BOUGHT UNDER?	
MAILING ADDRESS		EMAIL ADDRESS	
		PHONE NUMBER	
Address, City, State, Zip Code			
VIN#			
MAKE	MODEL	YEA	AR
WHAT IS THE ISSUE?		IS THIS A	AN EMERGENCY?
		Yes	3
		No No	
		_	
IF IT IS AN APPLIANCE ISSUE, WHAT IS THE PRODUCT		IUMBER? IS YOUR	TINY HOUSE
		In 7	Fransit
		Is F	Permanent
WHERE IS YOUR UNIT LOCATED?			
City		State	
CURRENTLY LIVING IN YOUR TINY HOUSE		DOES THIS ISSUE PRE	EVENT YOU FROM LIVING IN IT
Yes No		Yes No	
TUMPLEMENT FAR OVER SECTION			
TUMBLEWEED EMPLOYEE SECTION	1		
EMPLOYEE NAME		DATE COMPLETED	