

# Lochinvar Technical Service Department Flue Sensor Grommet Reimbursement Form

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Date: \_\_\_\_\_

Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Equipment Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

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

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

Lochinvar will provide \$125 for the flue sensor grommet replacement.

For reimbursement, submit this form by using the "Save & Send" button below or mail form to:

Lochinvar Technical Service Department  
300 Maddox Simpson Pkwy  
Lebanon, TN 37090

Field scrap the original parts after the replacement parts have been properly installed.

I have read and understand the above statements.

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Text entry OK if electronic signature not available)

FOR INTERNAL USE:

Lochinvar Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_