



**Diamond** TUB & SHOWERS  
 www.diamondtubshowers.com where design and durability meet

**REQUEST FOR SERVICE**

**Customer Service**

Phone: 574-453-1902 Ext 120 Fax: 574-453-2904

servicerequest@diamondtubshowers.com

Today's Date \_\_\_\_\_ Date Purchased by Installer \_\_\_\_\_

Model # and Color \_\_\_\_\_

Repair(s) Requested \_\_\_\_\_

Distributor \_\_\_\_\_ Contact @ Distributor \_\_\_\_\_

By requesting service, the above referenced distributor agrees to pay for the requested repairs should it be determined the problem is not a Frontline Mfg. Inc. manufacturing defect.

City/State \_\_\_\_\_ Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Fax \_\_\_\_/\_\_\_\_/\_\_\_\_

Installer \_\_\_\_\_ Installer's Phone # \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of Unit:	
Homeowner _____	Phone _____
Address _____	
City/State/Zip _____	
<div style="border: 1px solid black; padding: 5px; width: fit-content;">           A full/complete address for the location of the repair including street &amp; zip code is required. Thank You.         </div>	

Contact Person for Scheduling the Repair:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name Phone Number Best Time to Call

Repair Agency: _____ Fax ____/____/____	
_____ / _____ / _____	
Customer's Signature of Acceptance	Date