



LIPPERT  
COMPONENTS®

## RECALL AUTHORIZATION REQUEST FORM

**NOTE:** Download the form prior to entering the information, then hit "Submit" upon completion.

Recall#:

Concern/Component:

### Dealer Information

Dealer Name:

LCI Dealer #:

Address:

Contact Person:

Phone:

City:

Fax:

State:

Zip:

Cell:

Email:

Check One:

Stock Unit

Check One:

OEM Installed

Retail Customer

Aftermarket

### Retail Customer Information

Retail Name:

Phone:

Address:

Cell:

Email:

City:

State:

Zip:

### Unit Information

Complete VIN:

OEM:

Make:

Model:

DOM:

DOP:

Submit the completed form and photos via e-mail to: [recall@lci1.com](mailto:recall@lci1.com).

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