



LIPPERT  
COMPONENTS®

**THIS FORM IS TO BE USED FOR THE RETURN OF WARRANTY PARTS**

Dealer Information

\*Date Shipped

\*Dealer Name

Contact

\*Address

\*Phone

\*Fax

\*City

Cell

\*State

Zip

\*Email

\*Unit Vehicle Identification Number

Return Parts Description (What is this part for?)

\*LCI Reference Number (if available)

\*Dealer RO Claim #

\*Description of Failure of Returned Component:

This address is for **UPS and FedEx** only:  
Return Address: LIPPERT COMPONENTS INC.  
Plant #45  
2703 College Ave.  
Goshen, IN 46528  
Attn: Warranty

Any **U.S. Mail packages** should be sent to:  
Plant #39, Parts Return or Claims  
1701 Century Drive  
Goshen, IN 46528

**\* REQUIRED INFORMATION**