



LIPPERT
COMPONENTS®

Warranty ☐ YES

Non-Warranty ☐

CASE #

Insurance

Other

Area of Concern

Electric ☐ Hydraulic ☐ Manual ☐ Slide-Out ☐ Leveling ☐

Frame ☐ Axle ☒ Landing Gear ☐ Steps ☐ If not listed please note below

Unit Information

Complete VIN

OEM

Make

Unit Location

Model

DOM

DOP

Original Owner? Yes ☒ No ☐

Towing vehicle used?

For OEM only: Is this floorplan/model a current option in plant production? Yes ☐ No ☐

How do you feel this is a concern for LCI inquiry?

What are you asking of LCI at this point?

Dealer/OEM Information

Name

Address

City

State Zip

Contact

Phone

Fax

Cell

Email

**LIPPERT**
COMPONENTS®**Repair Location Information**

Address

City
State Zip

Contact
Phone
Cell
Email

Retail Customer Information

Retail Name
Address

City
State Zip

Contact
Phone
Fax
Cell
Email

Explanation of Concern

Document your concern in detail. Please include any photos and specify when and how the concern was discovered. Any additional photos requested, please send separately to your Lippert Components Representative.

Based on evaluation and outcome, further information could be required.