**Please fill out the claim form, save the form to your computer and email to bscott@lionsheadtireandwheel.com**

# Warranty Claim Form

LIONSHEAD

Claim Date: 5/25/24

Tire Claim ☒ Wheel Claim ☐

Owner of Trailer: NICOLE MARTINSON

Trailer Manufacturer and Model: FOREST RIVER PUMA VIN#: 4X4TPUH27RP101265

*Date of Purchase (month/day/year): 5/25/24 Date of Trailer Mfg: 2024

## Shipping Address

*Please check if this address is residential or commercial (dealership):* Residential ☒ Commercial ☐

Street Address: 3013 COUNTY RD D

City: WISCONSIN RAPIDS

State/Province: WI.

Postal Code: 54494

## Tire Information

Tire Size: ST 225/75/15

Brand: TAMARACK

Load Range (Ply): E

DOT CODE(S): One 4 Digit code Per Tire: 60K | LTIL | CT_* | SEE PICS** | ____

Date CODE(S): One 4 Digit code Per Tire: MR03 | ____ | ____ | ____ | ____ | ____

## Wheel Information

Wheel Type: Steel ☒ Aluminum ☐

Wheel Size: 10" 12" 13" 14" ~~15"~~ 16" 17.5"
Click on/Place a check on One

Number of Lugs: 4 5 ~~6~~ 8
Click on/Place a check on One

Wheel Color: Silver ☐ Gunmetal ☐ Black ☒ White ☐

## Contact Information

Dealer Name: GREENEWAY RV

Contact Person: ANNA FREEMAN

Dealer Phone: (715) 325-5170 Customer Name: NICOLE MARTINSON

Dealer Fax: (715) 325-5577 Customer Phone: 715-712-2922

Dealer Email: afreeman@greenewayrv.com Customer Email: _____

## Description of Defect:

***MUST HAVE ALL REQUIRED DOCUMENTATION TO PROCESS***