

James Hardie Building Products, Inc.  
10901 Elm Avenue  
Fontana, CA 92337  
ATTENTION: Claims Department

**(866) 375-8603**  
Fax # (909) 356-7442  
claims.administration@jameshardie.com

**WARRANTY CLAIM FORM FOR DISTRIBUTORS AND DEALERS**

To Whom It May Concern:  
Please complete the questions below and send to the address above with the following **required** documentation: **1. Copy of receipts of purchase or PO#, 2. Photographs of product, production code and state pallet tags. 3. Samples (if available).** Until all of the above are received with this completed form your claim cannot begin the review process. Thank you for your cooperation and for choosing James Hardie. We will make every effort to respond back to you in a timely manner once we have received your **completed claim information.**

Distributor/Dealer Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Providence: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State/Providence: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work/Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Product Type: \_\_\_\_\_ Color: \_\_\_\_\_ Production Codes: \_\_\_\_\_

Date Purchased: \_\_\_\_\_ # of Pieces Affected: \_\_\_\_\_ Is this a VMI Product (Circle one): Yes / No

If Yes, Order# \_\_\_\_\_ Product Installed (Circle one): Yes / No If Yes, Complete selection below:

Job Name / Site Address: \_\_\_\_\_

Builder / Contractor / Site Name: \_\_\_\_\_

Type of Project (Circle all that apply): New construction / Remodel / Multi-family / Commercial

**Explain Concern:** *If extra space is necessary use the back of this form to complete your explanation.*

*I (we) state that the above referenced statements are true and correct to the best of my/our knowledge.*

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Return claim form to Claims Department with the following.\*\*\***

- A copy of the receipt verifying purchase of the product or PO#
- Photographs which illustrate your concern (label the back of the photographs with your name & address)
- Samples (if available)