



PRODUCT RETURN FORM

FOLLOW THESE STEPS WHEN RETURNING PRODUCT TO DANNER:

1. CALL DANNER CUSTOMER SERVICE AT 631-234-5261.
2. (IF YOU ARE AN AUTHORIZED DANNER DISTRIBUTOR/RETAILER, PLEASE OBTAIN AN RGA# FROM CUSTOMER SERVICE. IF NOT, GO THE STEP 3.)
3. FILL OUT THE REMAINDER OF THE FORM.
4. SEND PRODUCT AND COPTY OF THE COMPLETED FOR TO:

**DANNER MANUFACTURING
160 OVAL DRIVE
ISLANDIA, NY 11749-1489
ATTN: RETURNED GOODS DEPARTMENT**

RGA# (for Distributor/Retailer Use Only):

DATE:

CUSTOMER RETURNING PRODUCT:

ADDRESS:

CITY/STATE:

RECEIPT: Y N

WITHIN WARRANTY PERIOD: Y N

QUESTIONS FOR PERSON RETURNING PUMP/PRODUCT

What is wrong with the pump/product (Place "X" Below or Explain in "OTHER"):

Stopped Running <input type="checkbox"/>	Too Noisy <input type="checkbox"/>
Broken Impeller <input type="checkbox"/>	Frozen Impeller <input type="checkbox"/>
Broken Volute <input type="checkbox"/>	Didn't Run from Start <input type="checkbox"/>
Starts & Stops <input type="checkbox"/>	Swelled Housing <input type="checkbox"/>

OTHER - Brief Explanation

Please answer these remaining questions (Place "X" in Appropriate Boxes):

	Pond	Aquarium	Fountain/ Statuary	OTHER:
In what application was the pump/product used?	<input type="checkbox"/> Pond	<input type="checkbox"/> Aquarium	<input type="checkbox"/> Fountain/ Statuary	<input type="text"/> OTHER:

Was the pump/product used submersed (S) or in-line* (I)? *In-line means outside of water.

	<input type="checkbox"/> S	<input type="checkbox"/> I
Did the pump run dry?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Did normal operation of the pump/product trip the breaker?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Did you test the pump/product at another electrical outlet that works?	<input type="checkbox"/> Y	<input type="checkbox"/> N