



TAPaulk Communications, LLC Warranty Claim Form

Please fill out this form completely and enclose it with the item(s) you are returning for warranty work.

All of the following information is required and must be filled out in order to claim warranty work!

Order# _____ Customer Name: _____

Original Purchaser's Address: _____

Purchase Date: _____ Email Address: _____ Daytime Phone: _____

Items being returned for Warranty Claim

Item#	Color/Size (if applicable)	Qty.	Reason Code	Failure Details

Reason Codes

- A. Product doesn't receive radio traffic B. Product doesn't transmit my voice C. Product broke apart
- D. Accessory port malfunctioned E. Unknown reason of malfunction
- F. Other _____

**Please refer to the warranty Policy at tapaulkcommunications.com/warrantypolicy1.html for a complete description of our guidelines.*

Please send your package, including this completed form via USPS to: TAPaulk Communications, LLC – Attn: Warranty Dept. – PO Box 189 – Dellslow, WV 26531 U.S.A.