

Company Name:		Cor	Company Phone:		
Client Name:		Insp	pection Date:		
Client Email:		Clie	nt Phone:		
Property Address:		City:	State:	Zip:	
Buyer's Agent Email _					
Seller's Agent Email —					
Appliance	Make	Model #	Seri	al # (optional)	
Oven					
Range					
Refrigerator					
Microwave					
Dishwasher					
Furnace					
A/C					
Water Heater					

Fax completed report to RWS ISG 877-307-7056 or Email to recallchek@rwswarranty.com

Phone: 1-800-544-8156

