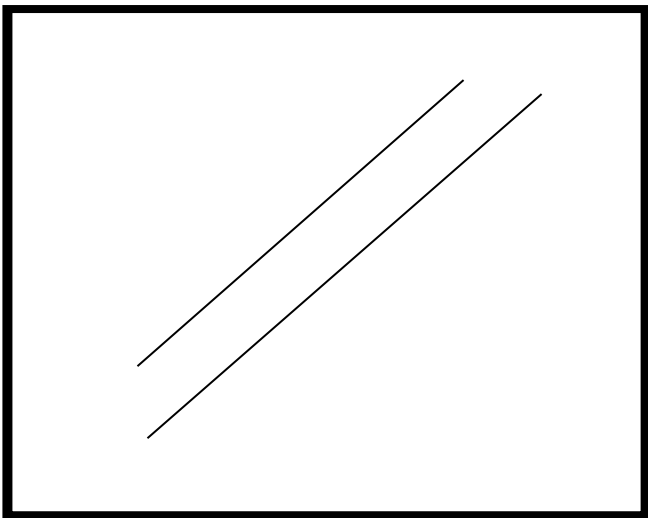
	RECLAMATION	
		Date:

Claim presenter:

Company:	
Name:	
Address:	
Phone:	

Defective product:

Order no. or production date on profile	Product	Measures	Product description	Quantity
			Glass 1 / Spacer / Glass 2 / Spacer / Glass 3	



Description of defect:
Defect size(in mm):
Position of defect (mm from edge etc.):

Please show on the drawing the position of defect and indicate on which side of the insulated glass is the defect. Counting from outside the glass sides are numbered ||_|| -> 1 ||_2_3_|| 4

Address, where product is installed:
Other information:
Reclamation presenter (name, signature):