

REQUEST FOR TECHNICAL ASSISTANCE

To assure accurate technical assistance, complete this form *entirely*. **INCOMPLETE FORMS WILL NOT BE PROCESSED**
 Email to TechSupport@wfc-fc.com or FAX (909) 370-0581

INSTALLATION LOCATION							
HOME OWNER'S NAME						PHONE	
STREET			CITY		STATE	ZIP	
PURCHASED FROM				INSTALLED BY			
PROBLEM							
MODEL NO.		SERIAL NO.			DATE INSTALLED		
INSTALLATION DATA							
UNIT LOCATION	LIVING ROOM <input type="checkbox"/>	BEDROOM <input type="checkbox"/>	BASEMENT <input type="checkbox"/>	GARAGE <input type="checkbox"/>	HALLWAY <input type="checkbox"/>	SIZE (SQ. FT.)	
NEW INSTALLATION YES <input type="checkbox"/> NO <input type="checkbox"/>		GAS LINE PURGED YES <input type="checkbox"/> NO <input type="checkbox"/>		LEAK TEST ALL FITTINGS YES <input type="checkbox"/> NO <input type="checkbox"/>			
MANIFOLD PRESSURE IN W.C.:			GAS LINE PRESSURE IN W.C.:			DEDICATED CIRCUIT YES <input type="checkbox"/> NO <input type="checkbox"/>	
PILOT GENERATOR / THERMOCOUPLE MILLIVOLTS:		PILOT ONLY:		PILOT & BURNER:		VOLTAGE 120V <input type="checkbox"/> 240V <input type="checkbox"/>	
ALTITUDE	SEA LEVEL TO 2,000' <input type="checkbox"/>	2,001' TO 4,000' <input type="checkbox"/>	4,001' TO 6,000' <input type="checkbox"/>		6,001' TO 8,000' <input type="checkbox"/>		
LENGTH OF THERMOSTAT WIRES:				DERATED YES <input type="checkbox"/> NO <input type="checkbox"/>			
GAS TYPE	NATURAL <input type="checkbox"/>	L.P. GAS <input type="checkbox"/>		APPLIANCE REGULATOR ON LINE YES <input type="checkbox"/> NO <input type="checkbox"/>			
VENTING DATA - TOP-VENT							
NEW VENTING YES <input type="checkbox"/> NO <input type="checkbox"/>		EXISTING VENTING YES <input type="checkbox"/> NO <input type="checkbox"/>		VENT SIZE 3" <input type="checkbox"/> 4" <input type="checkbox"/> 5" <input type="checkbox"/>			
VENTING MATERIAL USED TYPE B <input type="checkbox"/> TYPE B/W <input type="checkbox"/> OTHER <input type="checkbox"/> IF OTHER, WHAT KIND:							
LENGTH OF VENTING TO ROOF LINE:				LENGTH OF VENTING ABOVE ROOF LINE:			
NUMBER OF OFFSETS USED 45°		90°		LENGTH OF VENTING PRIOR TO FIRST OFFSET:			
COMMON VENTING WITH OTHER APPLIANCE YES <input type="checkbox"/> NO <input type="checkbox"/>				VENTED INTO CHIMNEY YES <input type="checkbox"/> NO <input type="checkbox"/>			
WILLIAMS ACCESSORIES USED 9929 <input type="checkbox"/> 9930 <input type="checkbox"/> NONE <input type="checkbox"/>				CONVERSION KIT USED:			
VENTING DATA - DIRECT-VENT							
RECESSED MOUNTED YES <input type="checkbox"/> NO <input type="checkbox"/>		SURFACE MOUNTED YES <input type="checkbox"/> NO <input type="checkbox"/>		WALL THICKNESS (INCHES):			
TYPE OF TUBING:				VENT TUBING	CUT <input type="checkbox"/>	OVERLAPPED <input type="checkbox"/>	CRIMPED <input type="checkbox"/>
WILLIAMS ACCESSORIES USED 4318 <input type="checkbox"/> 9307 <input type="checkbox"/>		VENT EXTENSION KIT <input type="checkbox"/>		NONE <input type="checkbox"/>			

CONTINUE TO NEXT PAGE



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SERVICE		
DESCRIBE ANY SERVICE PERFORMED		
LIST ANY PARTS THAT HAVE BEEN REPLACED - WILLIAMS OEM / OTHERS		
COMMENTS		
SERVICED BY	DATE	
PHONE	EMAIL	
WILLIAMS COMMENTS / QUESTIONS		
OTHER		
OFFICE USE ONLY		
RECEIVED	IN PROCESS	COMPLETE
DEPOSITION		