

REQUEST FOR TECHNICAL ASSISTANCE FORM

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° <input type="checkbox"/> 90° <input type="checkbox"/>				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:		
DISTANCE FROM HEADER PLATE TO BOTTOM PLATE:						
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