

**DESSAU HOME**  
**DAMAGE CLAIM FORM/RETURN FORM**

**Customer Name:** \_\_\_\_\_

**Customer Number:** \_\_\_\_\_

**Contact Info (name/phone/email):** \_\_\_\_\_

**Bill to Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ship to Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~OR~

**Invoice :** \_\_\_\_\_

**Order Number:** \_\_\_\_\_

ITEM	QTY	Description of Damage/REASON FOR RETURN	Replace or Credit
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**Were boxes received damaged?** \_\_\_\_\_

**PLEASE INCLUDE PHOTOS IF POSSIBLE**

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