

**WARRANTY REPORT**  
**BCI, INCORPORATED**  
**5008 Tampa West Blvd.**  
**PH. (813) 886-0240 Fax (813) 881-0812**

Project \_\_\_\_\_ Date Reported \_\_\_\_\_  
Unit # \_\_\_\_\_ Reported By \_\_\_\_\_  
Owner \_\_\_\_\_  
Phone # \_\_\_\_\_

Concern: (please be specific and send supporting documentation &  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach Supporting Documentation: Photos, Statements, Parts & Pieces:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature  
Contact #, Date: \_\_\_\_\_

\*\*\*\*\*

**For BCI Use Only**

BCI Representative \_\_\_\_\_ Date: \_\_\_\_\_

Scheduled Visit: \_\_\_\_\_ Date: \_\_\_\_\_ Time \_\_\_\_\_

Action Taken / Material Ordered  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Spent: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature, Date

\_\_\_\_\_  
BCI Representative Signature, Date