Warranty **Claim Form**

Distribution/Dealer			
Name:			
Address:			
City:			
Zip:		**State:**	
Contact:		**Phone:**	
Email:			

Location of Service [Unit(s) Location]			
Name:			
Address:			
City:			
Zip:		**State:**	
Contact:		**Phone:**	
Email:			

Legends:	◯ Healthcare	◯ Hospitality	◯ Multi-Family - COM
	◯ Municipal	◯ Senior Care	◯ Health Clubs
	◯ Residential		◯ Military Housing
	◯ Student Housing		◯ Multi-Family - RES

Are you the first owner of your home?	◯ Yes	◯ No

Brand (Select One)

◯ Florestone ◯ Swan ◯ MPL | IMI

Model #	Serial # or Medallion	Defect	Defect Location	Handling Damage? Yes/No	Concealed Damage? Yes/No	Over 120 Days Old? Yes/No	Hand	Color

Required If No Serial Number Is Available

Customer P.O. #		**Purchase Date**	

Additional Comments (Brief Description)	

Florestone: 800.446.8827 | **Swan:** 800.325.7008 | **IMI**: 678.501.6011 | **MPL**: 317.835.9000
Florestone: warranty@florestone.com | **Swan:** warranty@swanstone.com | **IMI**: warranty@imi.com | **MPL**: warranty@mpl.com

DATE

MPWF 08.2026

MPL IMI | FLORESTONE | Swan