

## **COUPLER RECALL REPLACEMENT REQUEST FORM**

(Please print and ensure that all required\* fields are filled in and are legible.)

	Current Date				
CONSUMER INFORMA	ΓΙΟΝ:				
*First and Last Names (Optional)	*Phone I	*Phone Number		Email Address	
*Mailing Address		*City	*State	*Zip Code	
RV INFORMATION COU	IPLER IS INSTALLED O	N:			
*VIN Number (17 Digit V	ehicle Identification Nu	ımber)			
Year	Model				
SERVICE CENTER CON	TACT INFORMATION:				
*Company Name and S	hipping Address				
*Contact Person	*Phone Number	*Contact E	mail Address		
*Posted Hourly Rate					

\*\*Please provide a picture of the stamp on your coupler showing the non-compliant GVWR Please email to <a href="mailto:ottwarranty@olivertraveltrailers.com">ottwarranty@olivertraveltrailers.com</a> or call 888-526-3978