Claims Status Request Form
Forest River Inc. – Rockwood/Flagstaff Warranty

Return Form to Kelly Mosher by fax at 574-642-2633 or email at kmosher@forestriverinc.com

Dealer Name: _____

Dealer #: _____

Phone and Fax #: _____

Please fill out this form and return by fax or email. It will be sent back to you with the information you have requested.

Dealer: Fill in 1st Three Columns Forest River Use Only

Claim #	Unit #	Amt.	Check #	Check Date	Amt Pd