



Pooka Claim Form

Please complete the entire form and fax to 973.954.2512

First Name

Last Name

Address 1

Address 2

City

State

Zip code

Telephone

Email address

When and where did you purchase this item?

Item(s) Returning:

1. _____
2. _____
3. _____
4. _____

Reason for Return:

-----For internal use only-----

Return Tracking number _____

SSR

CSC

WSV

WBS

PRV