



**LUXOTTICA WARRANTY AND
REPAIR SERVICE CENTER**

FORM TO BE INCLUDED IN THE PACKAGE
COPY of PROOF OF PURCHASE SHALL BE ENCLOSED

FIRST and LAST NAME _____

MAILING ADDRESS _____

CONTACT PHONE NUMBER _____

EMAIL ADDRESS _____

*(Please consider that the notification of an email address will facilitate the communication -
the email recipient will not be used for promotional correspondance)*

SHOULD YOU NOT HAVE A PROOF OF PURCHASE, PLEASE INDICATE:

DATE OF PURCHASE _____

NAME OF DEALER _____

CITY and STATE OF DEALER _____

**BRIEF DESCRIPTION OF THE
ISSUE:**