

Request for Warranty

	Please Select One System T	ype:	
Please Select One: Standard 3 yr Standard 5 yr Standard 10 yr	Pli-Dek F Hot Rubber Pli-Dek K Cold Rubber Cold Rubber HD-250 Con-Dek HD-215 Texture Type: PLI-DEK SPECIFIED	Project Type: Commercial Industrial Multi-Family Townhomes Apartments Single Family	Distributor Info: Distributor: Distributor Contact
	Applicator Information I	Requesting Warranty:	
Company: Address:	Conta	act Name:	
City/State/Zip:			
Phone:	Email:		
Area Square FT:		Date of Substantial Completion:	
Project Name:		Owner Name:	
Project Address:		Owner Address:	
City/State/Zip:		City/State/Zip:	
General Contractor	·:		
Contact:		Email:	
Contractor Address	:		
Builder:			
Contact:		Email:	
Builder Address:			
Architect:			
Contact:		Email:	
Architect Address:			
*If warranty request	form is not completed and returned t	o Pli-Dek, the project is not register	red or warrantied.