



Warranty Number :
McElroy Contact:

WARRANTY REQUEST INFORMATION FORM

(This page to be filled out and returned immediately after final inspection.)

Project Information

Owner Name:* _____

Owner Address: _____

City/State/Zip: _____

Owner Contact:** Name: N/A Email: N/A

Project Name:* _____

Project Address: _____

City/State/Zip: _____

Building End Use:* _____

Architect Name: _____

Architect Address: _____

City/State/Zip: _____

Date of Substantial Completion:*

Installer Information:

Installer Name:* _____

Installer Contact:** Name: _____ Email: _____

Installer Address: _____

City/State/Zip: _____

Manufacturer's Information:

Approx. Square Feet of Roof Area: _____ ft² Roof Slope: _____

*****ALL ABOVE INFORMATION MUST BE COMPLETE BEFORE A WARRANTY CAN BE Issued*****

Notes:

- * This information will appear on the warranty. To avoid delays please ensure this information is correct.
 - ** This is the Legal Representative that has authority to sign the warranty.
- _____
- _____
- _____
- _____
- _____