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# PAINT and SUBSTRATE WARRANTY REQUEST FORM

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**\*FORM MUST BE COMPLETELY FILLED OUT IN ORDER TO PROCESS REQUEST\***

**FAX TO:** Bonnie Bard 717-735-2741      **DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **FAX#:** \_\_\_\_\_  
(Company & your name)  
\_\_\_\_\_ **PHONE#:** \_\_\_\_\_

**Type of warranty requested by specs; (fill in all that apply to this project).**

1. I-116 - Paint Warranty # of Years \_\_\_\_\_
2. I-129 - Galvalume Warranty # of Years \_\_\_\_\_
3. I-707 - Aluminum # of Years \_\_\_\_\_
4. I-110 – Liner Panel Warranty \_\_\_\_\_
5. F-104 – 26 gage Mighti-Rib or Ultra Rib Panel Warranty \_\_\_\_\_

**BUILDING OWNER:** \_\_\_\_\_

**PROJECT NAME/ADDRESS**

**ERECTOR'S NAME/ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Erector's:      Phone Number** \_\_\_\_\_ **FAX Number** \_\_\_\_\_

**Fabral Profile, Gage, Color** \_\_\_\_\_

**Total Quantity of Roofing Panels (In Squares)** \_\_\_\_\_

**Fabral Invoice Numbers: (Include copies of invoice with fax.) \*Must be paid in full in order to receive warranty\***

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**\*\*We cannot process a warranty request without FABRAL invoices\*\***

**Date of Final Material Shipment:** \_\_\_\_\_ **Date of Substantial Completion** \_\_\_\_\_

**Fabral's Customer & Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Warranty will be sent to Fabral's customer unless directed otherwise.** 11/05-WarReqFm  
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