

FINAL WARRANTY REQUEST FORM

Project Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
Contact Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_
Arch/Eng Name: \_\_\_\_\_ Contractor Name: \_\_\_\_\_
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
Contact Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_
Applicator Name: \_\_\_\_\_ Distributor Name: \_\_\_\_\_
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
Contact Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Euclid Sales Rep: \_\_\_\_\_

Proposed Products: Products Quantity
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Description of Work: \_\_\_\_\_
\_\_\_\_\_

Square Footage: \_\_\_\_\_ Date of Product Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Warranty: [ ] Euco Diamond Hard [ ] Ultra-Tex
[ ] Material-Only Duration of Warranty Requested: \_\_\_\_\_

Send original to: [ ] Owner [ ] Contractor [ ] Applicator [ ] Distributor [ ] Euclid Sales Representative
[ ] Other \_\_\_\_\_

Send copies to: [ ] Owner [ ] Contractor [ ] Applicator [ ] Distributor [ ] Euclid Sales Representative
[ ] Other \_\_\_\_\_

Special Instructions/Comments: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

\*\*\*INTERNAL USE ONLY\*\*\*
[ ] Approved \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials \_\_\_\_\_ [ ] Copy of Invoice
[ ] Completed \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials \_\_\_\_\_ [ ] Specification