

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