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# WARRANTY REQUEST FORM

**Requisitioner:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

The information below is required to complete the warranty. The warranty will be prepared exactly as information is provided. **One** original warranty will be provided per project.

**Project Name:** \_\_\_\_\_  
**Project Address:** \_\_\_\_\_

**Project Owner:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Project Architect:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Project GC:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Substantial Completion:** \_\_\_\_\_

**Warranty Period\*:** \_\_\_\_\_ years

\* warranty coverage is from the original ship date NOT from the Substantial Completion Date.