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WARRANTY REQUEST FORM

Requisitioning Company: _____
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.