



WARRANTY REQUEST

* Attach Project Profile Form

INSTALLATION STATUS:

COMPLETE - REQUEST FINAL INSPECTION

PUNCHLIST COMPLETE

DATE: ____ / ____ / ____

Installation Contractor: _____ City/State: _____
Contact: _____ Phone: (____) _____
Union Authorized Contractor #: _____

Building Name: _____ **Owner Name:** _____
Building Address: _____ City / State: _____
City / State / Zip: _____
(zip code is needed to calculate freight if applicable) Building Use: _____

Architect: _____ **G.C.:** _____
Contact: _____ Contact: _____
City / State: _____ City / State: _____
Phone: (____) _____ Phone: (____) _____

Completed Roof: Total new metal roof area: _____ squares square feet
 New Roof ReRoof Roof Slope: ____:12
If multiple buildings are included, name / identify each and include roof area:

Panel System: ML200 (2" seamed) SL175 (snap lock) SL150 (snap lock)
gauge: ____ ML150 (1-1/2" seamed) ML150C (1-1/2", curved) Other: _____
Finish: Bare galvalume Standard color Custom Color: _____

WARRANTY TYPE: Basic / Sidelap: \$.20 per sq. ft. limit Composite: NDL
 Basic / Sidelap: \$3.50 per sq. ft. limit Single Source: \$7.00 per sq. ft. limit
 Composite: \$.20 per sq. ft. limit Single Source: \$14.00 per sq. ft. limit
 Composite: \$3.50 per sq. ft. limit Single Source: NDL

Additional comments: _____

The undersigned certifies that the roof has been installed in accordance with Union Corrugating Company published or approved details and agrees to be bound by the Authorized Installer Agreement and the terms and conditions stated in the applicable warranty:

Submitted By: _____ Date: ____ / ____ / ____

FOR UNION INTERNAL USE ONLY: Approved By: _____ Date: ____ / ____ / ____
Released By: _____ Date: ____ / ____ / ____