



WARRANTY REQUEST FORM

_____ 30 Year Shake & Shingle Warranty Request
(30 year is Transferrable)

_____ 50 Year Shake & Shingle Warranty Request

Date: _____ / _____ / _____
MM/DD/YYYY

Company Name: _____

Customer Name: _____

Site Address: _____

Mailing Address (If different from site address):

Mill Product Supplied From: _____

Date of Installation/Completion: _____

Total Squares: _____

Product Installed: _____

The following must be attached to your warranty application for it to be processed.

- Copy of Original Invoice (invoice must include # of squares, type & grade)
- Copy of Installers Invoice (must specify product installed, quantity, and the address of the install)
- Original Mill Tags (approximately 1 tag per 10 squares)