

WESTERN COLLOID S.C., Inc

Western Cool Roof Systems

654 East 60th Street, Los Angeles, CA, 90001 (323)-231-8292

Fill Out Form in Adobe Reader, "Save As" with a new name. (Do not print or scan) & Email the new "Save As" file To:

scwarranty@westerncolloid.com Questions: (760) 525-0884

WARRANTY APPLICATION Date: Applied By (Contractor Name): (Contractor Address): Contractor Contact: _____ eMail: _____ (Contractor Phone #): _____ Additional Contact Field/Estimator: ____ Name of Building or (Building Use or Type): Building Location (Address): Location Notes (description): Name Of Owner: Property Manager: _____ Owners/P.M. Address: _____ (Owner Phone #): _____ eMail _____ Contact: ____ System(s) Specification No.: ______ Size/Number of Full Squares: _____ List Western Colloid Products and Quantities Used: _____ Warranty Period Years (5, 10, ect.): _____ Std.[_] or Mat.& Labor** [_] Date of Completion: ___ **Material & Labor requires pre-approval, inspections & fee. Consultant, or Specifier (if Applicable): Notes: _____