



# WESTERN COLLOID N.C., Inc

Western Cool Roof Systems

700 71<sup>st</sup> Ave., Oakland, CA, 94621 (510)-430-0270

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

[ncwarranty@westerncolloid.com](mailto:ncwarranty@westerncolloid.com) Questions: (510) 430-0270

## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_