



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: _____
