

File N° :**PROJECT INFORMATION**

Name of the project : _____

Street : _____

City : _____ Province : _____

Postal Code : _____

Phone : _____

OWNER

Name : _____

Company (Optional) : _____

City : _____ Province : _____

Postal Code : _____

Phone : _____

Email : _____

AUTHORIZED ROOFING CONTRACTOR

Company : _____

Person in charge : _____

Street : _____

City : _____ Province : _____

Postal Code : _____

Phone : _____

Email : _____

Fransyl Representative : _____

AUTHORIZED GENERAL CONTRACTOR

Company : _____

Person in charge : _____

Street : _____

City : _____ Province : _____

Postal Code : _____

Phone : _____

Email : _____

Fransyl Representative : _____

MASTER SPECIFICATIONS AUTHOR (if applicable)

Company : _____

Name of the author : _____

Street : _____

City : _____ Province : _____

Postal Code : _____

Phone : _____

Email : _____

Fransyl Representative : _____

Asked by : _____

Title : _____

REQUIRED INFORMATION

Roof Area : _____	Beginning of the project : _____ (M/D/Y)
Building Height : _____	End of the project : _____ (M/D/Y)
Cost of the roof contract : _____ \$	Number of floors : _____

ROOF TYPE :	New Roof <input type="checkbox"/>	Complete Refection <input type="checkbox"/>
BUILDING TYPE :	Commercial :	Sports Center WITHOUT Swimming Pool <input type="checkbox"/>
		Sports Center WITH Swimming Pool <input type="checkbox"/>
		Other <input type="checkbox"/>
	Industrial :	Cold Storage Warehouse <input type="checkbox"/>
		Other <input type="checkbox"/>
	Institutionnal :	School <input type="checkbox"/>
		Hospital <input type="checkbox"/>
		Other <input type="checkbox"/>
	Residential :	<input type="checkbox"/>

INSULATION TYPE :	PROJECT NAME : _____		
	TYPE :		
	HR (type I) <input type="checkbox"/>	THR (type II) <input type="checkbox"/>	HD (type II HD) <input type="checkbox"/>
	THD (type III THD) <input type="checkbox"/>	EHD30 <input type="checkbox"/>	EDD40 <input type="checkbox"/>
	COMMENT(S) : _____		

Fransyl Limited will guarantee the new construction and/or the complete repairs of this project if and only if the roofing contractor and the general contractor is authorized by Fransyl Ltd. The warranty request must be submitted for approval within sixty (60) days following the end of the project.

Every isingle warranty will be issued based on the information obtained through this form.

I read, understood and accept the terms and conditions of the present warranty request.

Signature

Title

Date

Please return this document completed by email to garantie@fransyl.com or by fax to 450 477.4576.