

Polyguard Products, Inc.

APPLICATION FOR PRODUCT WARRANTY FORM

to be issued only after project is complete

1. Project:

Building: _____

Street Address: _____

City, State and Zip: _____

2. Owner:

Owner: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____

3. Waterproofer:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____

4. Architect / Engineer:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____

5. General Contractor:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____

Job Site Contact and Phone Number: _____

6. Distributor:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____

7. Type and Amount of Waterproofing Used:

Below Grade Waterproofing: _____ Sq. Ft. _____

Plaza or Deck Waterproofing: _____ Sq. Ft. _____

Parking Garage: _____ Sq. Ft. _____

Mechanical Rooms, Labs, Kitchens: _____ Sq. Ft. _____

Tunnels: _____ Sq. Ft. _____

Underslab: _____ Sq. Ft. _____

Blindside: _____ Sq. Ft. _____

Other (Explain): _____ Sq. Ft. _____

8. Polyguard Products Accessories Purchased For This Project:

Liquid Adhesive: _____ Qty. _____

Mastic: _____ Qty. _____

Liquid Membrane 95: _____ Qty. _____

Protection/Drainage Board: _____ Qty. _____

Other: _____ Qty. _____

9. Surfaces / Substrates that Products were applied to: i.e., Concrete, CMU block, ICF, etc.

10. Warranty requested: _____ *Standard (5 year)*
 _____ *Special (all special warranties must be preapproved. Special warranties require that drainage board [if used] must be Polyguard brand.)*

11. Mail warranty to: _____

Completed by

Date submitted

6/22/04

w.xus.lit.warrapp



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