

Submitted by: Name: _____ Phone Number: _____ Email: _____

Installed by: Name: _____ Phone Number: _____ Email: _____

Certified Applicator? Yes No

Warranty tracking number: _____

Project address : _____

Project details: Residential Industrial Warehouse Strip-Mall Other: _____

Project start date: _____ Project completion date : _____

Substrate details: _____

Application details: _____

Total project size: _____ Percentage of area affected: _____

Link to before, during, after photos: _____

Description of problem: _____

Additional info/comments: _____

TO BE COMPLETED BY A CASTAGRA REPRESENTATIVE:

Photos reviewed by: _____ Date: _____

Site visited by: _____ Date: _____

Additional photos added? Yes Add link here: _____

Product defect? Yes No

Comments: _____

Replacement product offered? No Courtesy Warranty Other amount: _____

Additional information: _____

SIGNATURES

Castagra representative: _____ Title: _____

Signature / Date: _____

Client representative: _____ Title: _____

Signature / Date: _____

Completing this form is the first step in having a project reviewed for warranty evaluation. It does not constitute an agreement, alter any pre-existing warranties, or provide any new warranties.