



Warranty Request Form

Project Information:

Date of Request: _____

Project Name _____

Owner Name _____

Address _____

City, State, Zip _____

Installer Information (if different than Customer):

Owner of Job Information:

Company _____

Company _____

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Coated Metals Group Invoice Numbers and Dates:

Color _____

Gauge _____

Invoice # _____ Date _____

Invoice # _____ Date _____

Invoice # _____ Date _____

Invoice # _____ Date _____

Invoice # _____ Date _____

Invoice # _____ Date _____

Coated Metals Group Customer Information:

Type of Paint

Company _____

SMP _____

Name _____

Kynar _____

Address _____

City, State, Zip _____

Date of Project Completion _____