



13311 Main Road
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Warranty Request Form

Project

Name: _____

Address: _____

Applicator

Name: _____

Address: _____

Contact: _____

Phone: _____

Owner

Name: _____

Address: _____

Contact: _____

Phone: _____

Engineer

Name: _____

Address: _____

Contact: _____

Phone: _____

Distributor (if applicable)

Name: _____

Contact: _____

Phone: _____

Length of warranty: _____ Effective Date: _____

Type of warranty: (circle one) **“Material”** **“Joint and Several”**

Description of work completed: _____

Materials Installed:

Expansion Joints (linear ft.; Model No.) _____

Other (please specify) _____

Warranty to be: (circle one)

1. Faxed then original mailed. Fax number: _____

2. Mailed only. 3. E-mailed: _____