

Application for Warranty

PLEASE FILL IN THE BELOW AND RETURN

Project Name (to be included on Warranty)	
Project Address (to be included on Warranty)	
Type of Roof Construction	
Girth of Gutter	
Linear Meters of Gutter	
Completion Date	
Have WeatherFAST inspected the job?	Yes/No (If no please supply photographic evidence)

PLEASE TICK AND SIGN BELOW TO AGREE

I certify that all works have been carried out in accordance with Fatra and WeatherFAST's Technical manuals and specification sheets and the installation has been completed to my satisfaction.

Tick		Print Name		Signature		Date	
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APPROVED CONTRACTOR

Contractor Name		Contractor Address	
Contact Number		Email Address	
Print Name		Title	
Signature		Date	

WEATHERFAST USE ONLY

Inspection carried out	Yes/No If no picture evidence required	Position	
Date		Signature	