



To ensure a prompt response to your claim, please complete all the questions below and send this form along with copy of your Warranty Certificate, Proof of property ownership and Proof of Product purchase to the address below. Once all the requested documents is received with this completed form your claim will be review. This form alone will not serve as a claim. Thank you for your cooperation.

## Warranty Claim Form

### Claimant's Information

Full Name:

\_\_\_\_\_

*Last*

*First*

*M.I.*

Building Address:

\_\_\_\_\_

*Street Address*

\_\_\_\_\_

*City*

*Province/State*

*Postal/ZIP Code*

Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Product quantity installed:

\_\_\_\_\_

Product type:

Polysand Slate tile

Polysand Roman tile

Product Color

\_\_\_\_\_

Installation date

\_\_\_\_\_

Installation Cost

\_\_\_\_\_

Please submit at least 5 clear color photographs of defected Product, general area of concern and roofing elements as vent, ridge and eave. Polysand may request to send a sample of defected tile.

Date: \_\_\_\_\_

By: \_\_\_\_\_

*Signature*

## Send all required documents to

145 Jardin Dr., Unit 6&7, Vaughan, ON, Canada, L4K 1X7

Documents may also be emailed to [info@polysand.ca](mailto:info@polysand.ca)