



# LIMITED PRODUCT WARRANTY REQUEST

This request for Warranty may be completed and sent to Lexsuco Corporation 2010 Ltd within 30 days from Final Completion. Email: info@lexguardwarranty.com

## CUSTOMER INFORMATION

CONTRACTOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## BUILDING INFORMATION

NAME OF BUILDING: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
  
OWNER COMPANY NAME: \_\_\_\_\_  
OWNER ADDRESS: \_\_\_\_\_  
  
DATE OF COMPLETION: \_\_\_\_\_

## PRODUCT(S)

MATERIAL PURCHASED FROM: \_\_\_\_\_  
INVOICE(S) NUMBER(S): \_\_\_\_\_

- |                          |                              |        |                             |                       |
|--------------------------|------------------------------|--------|-----------------------------|-----------------------|
| <input type="checkbox"/> | SKYLIGHT .....               | 10 YRS | MODEL #: _____              | NB. OF UNIT(S): _____ |
| <input type="checkbox"/> | ROOF HATCH .....             | 10 YRS | MODEL #: _____              | NB. OF UNIT(S): _____ |
| <input type="checkbox"/> | ROOF DRAINS .....            | 10 YRS | MODEL #: _____              | NB. OF UNIT(S): _____ |
| <input type="checkbox"/> | ROOFCURB SYSTEM* .....       | 10 YRS | MODEL #: _____              | NB. OF UNIT(S): _____ |
| <input type="checkbox"/> | ROOF VENT .....              | 10 YRS | MODEL #: _____              | NB. OF UNIT(S): _____ |
| <input type="checkbox"/> | OUTLET POST .....            | 10 YRS | MODEL #: _____              | NB. OF UNIT(S): _____ |
| <input type="checkbox"/> | GOOSENECK .....              | 10 YRS | MODEL #: _____              | NB. OF UNIT(S): _____ |
| <input type="checkbox"/> | FLASHINGS .....              | 10 YRS | MODEL #: _____              | NB. OF UNIT(S): _____ |
| <input type="checkbox"/> | EXPANSION JOINT COVERS ..... | 10 YRS | MODEL #: _____              | NB. OF UNIT(S): _____ |
| <input type="checkbox"/> | VENTILATOR MAXIFLO PRO ..... | 10 YRS | MODEL #: _____              | NB. OF UNIT(S): _____ |
| <input type="checkbox"/> | VENTILATOR C SERIE .....     | 5 YRS  | MODEL #: _____              | NB. OF UNIT(S): _____ |
| <input type="checkbox"/> | FR-40 MEMBRANE .....         | 5 YRS  | AREA: _____ ft <sup>2</sup> |                       |

OTHER: \_\_\_\_\_

Lexsuco 2010 Corporation will warrant to the product Owner that, subject to the terms and limitations below, the above product(s) will remain free of manufacturing defects for a period of five (5) to ten (10) years.

\*When applied in accordance with the Application Instructions, Lexsuco Corporation 2010 Ltd will also warrant its Roofcurb System against leaks.

We hereby certify that we have read the installation instructions. We understand and accept the terms and conditions of this warranty request.

\_\_\_\_\_  
Signature Title Date

