



WARRANTY CLAIM FORM

DATE: _____

OWNER NAME: _____

Phone: _____ Fax: _____

BUILDING CONTACT: _____

Phone: _____ Fax: _____

BUILDING NAME: _____

BUILDING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WARRANTY NUMBER: _____ WARRANTY YEARS: _____ COMPLETION DATE: _____

IS THE ROOF LEAKING? YES NO

IF YES, DATE LEAK WAS DISCOVERED: _____

LOCATION AND DESCRIPTION OF PROBLEM: _____

OWNER SIGNATURE: _____ Date: _____

Please return this form **within two business days** to: Soprema, Inc., National Warranty Department, 310 Quadral Drive, Wadsworth, OH 44281. **Your claim will not be recognized until this form is returned.**

Fax: (330) 334-7903

Include with this form a copy of your warranty document.

If we determine that the reported leak is being caused by something other than the roof, you will be invoiced for a service call.

Thank you,

Soprema, Inc.
Soprema Technical Department

-----**DO NOT WRITE BELOW THIS LINE**-----**FOR INSPECTOR'S USE ONLY**-----

INSPECTOR NAME: _____ DATE: _____

COMMENTS & FINDINGS: _____

SOPREMA INC.

310 Quadral Drive, Wadsworth, OH 44281

Phone (330) 334-0066

1 (800) 356-3521

Fax (330) 334-4289