

WARRANTY REQUEST.

Licensed/Contractor: _____

Project Address.

Street/Road: _____

Suburb: _____

Town/City: _____

Warranty for (owner, builder etc): _____

Date of Completion of Work: _____

Work completed – (tick those applicable)

- EZ Panel System
- Caviteclad EIFS System
- Caviteclad XPS System
- Caviteclad K5 System
- Thermashell System
- Plastering Blockwork
- Plastering Brickwork
- Skimming Precast Concrete
- Other Please Specify

Finish:

- | | |
|--|--------------|
| <input type="checkbox"/> Float | Coventry Crs |
| <input type="checkbox"/> Sponge | Sienna Crs |
| <input type="checkbox"/> Spanish | Sienna Nat |
| <input type="checkbox"/> Spray texture | Flexifloat |
| <input type="checkbox"/> Other _____ | |

Painting.

Manufacturer: _____

Colour: _____

Name:

Signature:

LBP No: _____