



WARRANTY COMPLETION SUBMITTAL FORM

Project Number: _____ Completion Date: _____

Building Name(s): _____

Building City/State: _____

Total Roof Area for Warranty: _____

PRODUCT:

Primer (Name): _____

Momentive or Distributor Invoice #s: _____

Coating: _____

Batch #s.: _____

Momentive or Distributor Invoice #s: _____

Changes from original Warranty Pre-Notification: _____

Attach Daily Logs Copies

CONTRACTOR:

Company Name: _____

"I certify that the above information is correct and that the project is complete as of the date listed above, and will be the start of the warranty."

Signature: _____

Printed Name: _____

Send this completion form to:

Momentive Performance Materials
roofwarranties@momentive.com

*This form must be submitted prior to the inspection being scheduled.
The warranty fee must be paid before the warranty will be issued.