

MRS Warranty Request

Project Name _____

Address _____ City _____ State _____ Zip Code _____ Project Completion Date _____

Warranty/Warranties Required

Standard Finish (35 Year) Aluminum Substrate(20Y-6M)
Coastal Finish (25 Year) Watertightness
Galvalume Substrate(25Y-6M) Workmanship Years

Panel System Material Color(s) Square Footage Invoice Numbers

Notes:

METAL ROOFING

Project Owner _____

Contact _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Installing Contractor _____

Contact _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

General Contractor (if applicable) _____

Contact _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Architect _____

Contact _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Applicant Name _____ Phone _____ Email Address _____