



CLAIM INITIATION FORM

In order to initiate a claim, retailer must inspect the site and complete this form.

RETAILER INFORMATION

Company Name :
Address :
City : State : Zip :
Phone# : Fax # :
Account Manager : PO# : Invoice# :

INSTALLER INFORMATION

Name : Phone # :
Installer C15# : Date of Installation :

HOME OWNER INFORMATION

Name :
Address :
City : State : Zip :
Phone# : e-mail :

INSPECTION REPORT

Date of Inspection : Inspected by:
Customer's complaint:
Moisture content : Temperature : Relative Humidity :
Inspector's recommendation:

I certify that to the best of my knowledge the information given on this form is true and correct.

Signature:

Print :

Date :