

Warranty Application

Mail To:	Indiana Metal, Inc. 459 East US HWY 36 Bainbridge, IN 46105	Or Email To: sales@indianametal.com	
Date:			
From:		Project Name:	
		Location:	
Indiana Me We hereby providing t	submit for your approval the er he owner with a Weathertight	closed documentation for the above referenced project with the Limited Warranty issued by Indiana Metal, Inc. I/We have	read and
fully under warranty.	rstand the specific guidelines	and requirements that must be adhered to in order to rec	ceive this
Enclosed D	ocumentation:		
	Roofing Passport Report		
	One set of installation shop	drawings	
	One complete set of archite	etural drawings and specifications required for new construction of	only
	A complete description of the	ne proposed roofing system	
	A complete list of all parties	involved in the project	
	Anticipated roof construction	n schedule	



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Property Owner:	Installer:
Address:	Address:
Phone:	Phone:
	Panel Sunnlier
Anticipated Project Start Date://	Panel Supplier:Address:
Anticipated Project Completion Date:/	
Total Roof Area (sq. ft.):	Phone:
Total Roof Alea (sq. 11.).	
	General Contractor:
	Address:
	Phone:
	Phone:
Roofing System, including roof slope:	
issue a Weathertight Limited Warranty based on th	documentation on the above referenced project and intends to e information supplied, compliance with warranty guidelines and ions and payment of all material and labor invoices.
Indiana Metal, Inc.	
By:	Date:
UPON PROJECT COMPLETION , please in accordance with all requirements and submit to I	sign and date below to indicate the project has been completed ndiana Metal Inc.
Signature:	Completion Date:
Print Name:	