

SIKA CORPORATION
Warranty Request/Approval Form

All information must be completed or form will be returned

Warranty ID # _____

Project Name: _____

Owner: _____

Contractor: _____

Completion Date: _____

Warranty Period: Beginning _____ Ending: _____

Type of Warranty: Material _____ Project _____ Standard Material _____

Product	Quantity	Square Footage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimated Total Sika Products Value: _____

Approval

I hereby acknowledge completion of the above referenced project. I have inspected the work and approve/authorize the processing of the appropriate approved Sika warranty.

Sales Representative Signature

Fax: _____ Date: _____

Technical Service Manager Signature

Date: _____