



Flex Membrane International Corp. 2670 Leiscz's Bridge Road, Suite 400, Leesport, PA 19533 Phone 610-916-9500 Fax: 610-916-9501

WARRANTY LEAK NOTIFICATION FORM

Project Information

Date of Notification: _____

Warranty Number: _____

Name of Building: _____

Building Owner's Name: _____

Address of Building: _____

City: _____ State: _____ Zip Code: _____

Submitter Information

Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

Email: _____

Leak Information

Date of Leak Occurrence: _____

Has the Roofing Contractor who installed the roof been contacted? Yes No

Have temporary repairs been performed? Yes No If yes, by whom? _____

Site Hours of Operation: _____

Site Contact: _____ Contact Phone Number: _____

Contact Email: _____

Describe the location of leak or leaks:

In accordance with the terms, limitations, and conditions of the Flex Roof System Warranty item #8: The Building Owner shall be responsible for the cost of investigation if any leak is determined not to be covered by the Flex warranty. The minimum charge for an investigation for a non-warranty covered leak occurrence will be \$ 500.00 plus travel expenses.