



Flex Membrane International Corp. 2670 Leisch'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:
