



Flex Membrane International Corp. 5103A Pottsville Pike, Reading, PA 19605 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.