

# ALPOLIC Warranty Request Form

Items **bolded in Red** are required information, if not provided ALPOLIC will not be able to proceed with processing your warranty request until all required information is received. If you have any questions please contact Laura at 757-382-5772 or via email at [Laura@alpolic.com](mailto:Laura@alpolic.com)

\*\*Warranties will be returned to you **digitally** signed by an ALPOLIC Representative **via email**\*\*

E-mail address to where warranties should be sent (**Required**):

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## Select Type of Warranty Required

Panel – all panel warranties are 10 years

Finish Warranties (LT material on a project review basis)

10 yr (a pass through warranty)     5 yr Hairline Aluminum     5 yr HPA

5 yr Anodized     20 yr (a pass through warranty)

No finish warranty is available on Copper, Stainless or Titanium as there is no finish applied and the metal will age in accordance with the environment and the metal's characteristics.

No finish warranties available for polyester finishes.

## Circle All that Apply – an application must be referenced

Accents – Canopies – Fascia - Entrance Way – Soffits - Walls

\* If other, please specify: \_\_\_\_\_

Types of attachments used: \_\_\_\_\_

Number of panels used (total square footage) and types of finishes used:

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**Commencement date of warranty**\_\_\_\_\_

Alpolic Invoice Number or your Purchase Order Number \_\_\_\_\_

To whom the warranties should be made out (**person/company**)

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Complete physical location of job (**Include project name, complete address of where panels are installed: street, city, state, zip/postal code**)

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Project Architect/Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address:

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Email address: \_\_\_\_\_

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Please send completed form to Laura Levine  
Fax # (757) 436-1896 Email- [Laura@alpolic.com](mailto:Laura@alpolic.com)

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