PROJECT NOTICE & ASSISTANCE REQUEST FORM

IMPERMITEK
Advanced Seamless Technologies

This form must be submitted to Impermitek prior to the commencement of any project for which warranty consideration is sought-after. The information requested below provides Impermitek with advance notice of the project, enables review and confirmation of the proposed system, and allows for the provision of technical guidance or support when required.

CONTRACTOR / INSTALLER & CLIENT INFORMATION

CONTRACTOR COMPANY: _____ **AUTHORIZED INSTALLER:** _____

PROJECT CONTACT: _____ **PHONE NUMBER:** _____

EMAIL ADDRESS: _____

BUILDING OWNER/CLIENT: _____ **CONTACT NAME:** _____

PHONE NUMBER: _____ **EMAIL:** _____

PROJECT INFORMATION

PROJECT / BUILDING NAME: _____ **STREET ADDRESS:** _____

CITY: _____ **STATE/PROVINCE:** _____ **ZIP/POSTAL CODE:** _____

ESTIMATED PROJECT SIZE (SQ. FT.): _____ **PROJECT AREA / DESCRIPTION:** _____

ESTIMATED START DATE: _____ **ESTIMATED COMPLETION DATE:** _____

PROPOSED IMPERMITEK SYSTEM

MEMBRANE SYSTEM/FLASHING TYPE: _____ **SURFACING TYPE / FINISH:**

EXISTING SUBSTRATE / ROOF TYPE: _____ **PRIMER(S) REQUIRED:**

ADDITIONAL DETAILS OR PROJECT CONSIDERATIONS:

_____

_____

_____

PROJECT ASSISTANCE

IS TECHNICAL ASSISTANCE REQUIRED PRIOR TO INSTALLATION?

☐ **NO**
☐ **YES**

IF YES, PLEASE DESCRIBE: _____

_____

_____

CONTRACTOR ACKNOWLEDGMENT

I _____ (AUTHORIZED CONTRACTOR / REPRESENTATIVE) CONFIRM THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT THIS FORM IS BEING SUBMITTED TO IMPERMITEK AS A JOB NOTICE FOR WARRANTY CONSIDERATION. I ACKNOWLEDGE THAT IMPERMITEK MUST BE NOTIFIED OF ANY MATERIAL CHANGES TO THE PROPOSED SYSTEM, APPLICATION, INSTALLATION METHODS, OR PROJECT CONDITIONS THAT MAY AFFECT THE INSTALLATION OR WARRANTY ELIGIBILITY.

SIGNATURE: _____ **DATE:** _____