

Thank you for contacting Owens Corning Roofing and Asphalt, LLC regarding the performance of your roofing product(s). Our products are manufactured from the highest quality materials and we warrant that they are free from any manufacturing defects which adversely affect their performance.

Our Warranty and Technical team is committed to investigating this issue and providing a timely response to your inquiry. In an effort to do so, we require supporting information and/or documentation regarding your product(s).

We require the following be submitted prior to making a determination regarding the performance of your product(s).

- ☑ **Warranty Claim Evaluation Form** – Fully completed, including signature of structure OWNER
- ☑ **Photographs** – ALL of the following photographs are required:
  - Front view of entire structure from ground level (*showing house number*)
  - Rear view of entire structure from ground level
  - Pitch or Slope
  - All Affected Areas (close up & wide angle views) clearly depicting the issue or concern
  - Ventilation (soffit, eave, box vents, etc.)
  - Fastener placement on installed material
- ☑ **Material Samples** – Two **full-size** shingle samples from the affected area of subject property roof which demonstrate the quality concern.
- ☑ **Proof of Ownership** – Property Tax Bill, Deed, Sales Record, or equivalent showing ownership at the time the material was purchased and installed.
- ☑ **Proof of Purchase or Date of Application** – Photocopy of any of the following: original receipt for shingles, contractors invoice (not estimate) for material & application, bill of sale for manufactured home, building permit if installed during construction.

**PLEASE NOTE:**

- WE WILL **NOT** PROCESS YOUR CLAIM IF YOU FAIL TO SUBMIT ALL REQUIRED ITEMS AS LISTED ABOVE.
- ALL ITEMS SUBMITTED BECOME THE PROPERTY OF OWENS CORNING AND CAN NOT BE RETURNED.

# Owens Corning Roofing and Asphalt, LLC.

## Warranty Claim Form

Claim # \_\_\_\_\_

### STRUCTURE INFORMATION

Owner Name \_\_\_\_\_  
Last First MI

Structure Address \_\_\_\_\_  
Street Number & Name City County State Zip

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_ Best Time \_\_\_\_\_ am/pm (before 5p Eastern)

Mailing Address (if different) \_\_\_\_\_  
Street Number & Name City County State Zip

Valid Email Address for communication re Claim \_\_\_\_\_

Type of Structure ☐ Single Family ☐ Garage ☐ Barn ☐ Commercial Building ☐ Other \_\_\_\_\_

Date Structure Purchased by Current Owner \_\_\_\_/\_\_\_\_/\_\_\_\_

### BUILDER/SUPPLIER/CONTRACTOR INFORMATION

Original **Installer** of Shingles \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Name or Company Name

Original **Supplier** (where purchased) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Name or Company Name

### PRODUCT INFORMATION

Date Shingles Installed \_\_\_\_/\_\_\_\_/\_\_\_\_ At Time of Installation ☐ New Construction  
☐ Existing Structure (if existing, select one below)  
☐ Nail Over ☐ Old Shingles Removed  
☐ Felt (underlayment) Used

Owens Corning Shingle Used \_\_\_\_\_  
Style Name Color Name

Total Squares Installed \_\_\_\_\_  
100 Square Feet = 1 Square

### DESCRIPTION OF CONCERN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is Entire Structure Affected ☐ Yes ☐ No If No, check **all** affected ☐ Front ☐ Back ☐ Left ☐ Right

Total Squares Affected \_\_\_\_\_  
100 Square Feet = 1 Square

Has a claim been filed with any other agency (i.e. insurance co., etc). ☐ Yes (if yes, include documentation re claim) ☐ No

### AUTHORIZATION

My signature certifies to Owens Corning Roofing and Asphalt, LLC that the above information is true, accurate and complete.

Owner Printed Name \_\_\_\_\_ Owner Signature \_\_\_\_\_

Printed Name of Preparer (if other than Owner) \_\_\_\_\_ Preparer Signature \_\_\_\_\_

Preparer Relationship to Owner \_\_\_\_\_