



WARRANTY REQUEST FORM

****LETTER OF INTENT TO WARRANT MUST BE ATTACHED TO THIS WARRANTY REQUEST FORM****

Project Name: _____

Roof ID (main, canopy,etc.): _____

Building Address: _____

City, State, Zip: _____

Building Owner: _____

Owner's Address: _____

City, State, Zip: _____

Phone: _____

Contractor Name: _____

Contractor's Address: _____

City, State, Zip: _____

Contact: _____ **Contact phone:** _____

Warranty Term: 10 year _____ 15 year _____ 20 year _____

Millennium Adhesive Product used: _____

PROJECT TYPE (check one):

- New Construction**
- Tear-off**
- Retro-fit – List existing system configuration (deck, insulation type, # of layers, roof system)**

Other-explain _____

DECK TYPE (check one):

- | | |
|---|--|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Steel |
| <input type="checkbox"/> Structural (Poured/Pre-cast) | <input type="checkbox"/> Gypsum – Poured/Plank |
| <input type="checkbox"/> Structural Lightweight | <input type="checkbox"/> Cementitious Wood Fiber |
| <input type="checkbox"/> Lightweight Insulating Concrete* | <input type="checkbox"/> Wood – Plywood/Plank |

Other-explain_____

Vapor Retarder: No ____ Yes ____ type:_____

Insulation Type (boards not to exceed 4'x4'):_____ **# of layers:**_____

Cover Board: No ____ Yes ____ (type):_____

Roof System Type:_____

Roof System Manufacturer:_____

Roof Manufacturer Warranty Attached: Yes ____ No ____

Total Square Feet:_____ **Roof Building Height:**_____

Roof Area Dimensions (attach drawing if possible):_____

Distance From Coastline/Large Body of Water:_____

PERIMETER EDGE DESCRIPTION (circle one):

- | | |
|--|---|
| <input type="checkbox"/> flat edge | <input type="checkbox"/> parapet – height at perimeter_____ |
| <input type="checkbox"/> interior wall – height_____ | <input type="checkbox"/> other (explain):_____ |

Has roof and/or building ever been damaged by high winds? No ____ Yes ____

If yes, explain_____

If enhanced wind speed protection required (standard=74 mph), what is it?_____

FM Approval Requirement? ____No ____Yes **list requirement: FM Class 1-**_____

FM insured project? ____No ____Yes

Contract Price:_____ **Project Completion Date:**_____

- ** NOTE: Warranty will not be issued until project is complete.
- ** In order for warranty to go into effect, WTT Systems, LLC MUST receive BOTH a copy of the roof manufacturer's warranty and payment for warranty in full.
- ** Payments are to be sent to: WTT Systems, LLC, PO Box 74748, Cleveland, OH 44194-4748

LETTER OF INTENT TO WARRANT

Thank you for considering the use of Weather-Tite Products. You have made an excellent choice. Millennium Adhesive Products, Inc. will issue a (10 year, 15 year or 20 year) adhesion warranty, for the project stated below.

Our warranty will be issued under the following conditions:

- 1) Weather-Tite Adhesive is applied in strict compliance with all guidelines issued by Millennium Adhesive Products, Inc.
- 2) The roof system is installed in accordance to the roof system manufacturer's recommendations and specifications.
- 3) The roof system manufacturer has issued a warranty covering the roof system.
- 4) Millennium Adhesive Products, Inc. and/or its distributor has been paid in full, within terms, for all products and services used on this project.
- 5) The Contractor will, at his own expense, repair any adhesion defects due to improper workmanship, which includes but is not limited to applications over non-approved substrates, poor substrate conditions or poor preparation, wet substrates at the time of application, use of damaged or warped insulation boards, or the use of insulation types and board sizes not approved by Millennium Adhesive Products, Inc.

Prior to project start, please submit a completed Warranty Request Form attached to a signed copy of this Letter of Intent to Warrant. Forms can be mailed to Millennium Adhesive Companies, 17340 Munn Road, Chagrin Falls, OH 44023 or faxed to 440-708-0165. Upon project completion, submit a copy of the roof system manufacturer's warranty. Millennium Adhesive Products, Inc. **MUST** be in receipt of the roof system manufacturer's warranty prior to the issuance of a Millennium Adhesive Products, Inc. warranty. Failure to submit all required project information may relieve Millennium Adhesive Products, Inc. from any liability for this project.

Project Name _____

Project Location _____

Roofing Contractor Authorized Representative (print) _____

Roofing Contractor Authorized Representative (signature) _____

Title _____ Date _____

Regards,

Jim Galvin, Technical Service Coordinator
Millennium Adhesive Products, Inc.