

CLAIM PROCESS & FORM

In order to initiate a claim against the PABCO® Limited Shingle Warranty and in order for us to properly evaluate your claim we REQUIRE that you do the following:

1. Notify us within 30 days of discovery of a claimed manufacturing defect and before the warranty expires.
2. Fill out the Claim Form on other side of this page. Provide all of the requested information that is known or can be determined.
3. Sign and date the form where indicated.
4. Provide us with THREE FULL SHINGLES that clearly demonstrate the claimed defect. (Replacement shingles should be installed after samples are taken to prevent further problems.)
5. Provide us with sufficient photos so that we may understand the scope and distribution of your problem.
6. Forward the above information, shingles, and photos together in a flat container at your expense to:

Quality Assurance Department
PABCO® Roofing Products
1718 Thorne Road
Tacoma, WA 98421-3207

Upon our receipt, we will analyze your claim and formally respond to you according to the terms and limitations described in the PABCO® Limited Shingle Warranty.

All shingles and photos submitted become the property of PABCO® Roofing Products and are not returnable. If you have any questions or concerns regarding our claim process or your requirements you may call us at 1-800-426-9762 or 253-272-0374.



PABCO® Roofing Products

a division of PABCO® building products, LLC

Revised 07/21/11

CLAIM FORM

(Please retain a copy for your records)

Owner's Name: _____ Phone: _____

Preferred Communication: E-Mail Postal Service E-Mail Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Address Of Building If Other Than Above: _____

Date Present Owner Purchased Roofing Or Home: _____

Date Shingles Were Applied: _____ Shingle Product: _____ Shingle Color: _____

Qty Applied: _____ Qty Involved: _____ Total Number of Roofing Layers: _____

Distributor: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Dealer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicator: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

CHECK APPROPRIATE BOXES:

Original Roof:
Type Of Deck: Plywood Wood Planks OSB Type: _____

Reroof:
Over: Old Asphalt Shingles Old Wood Shingles Other Type: _____

Attic Ventilation Type: Ridge Vents Eave Vents Gable Vents
 Roof Vents Roof Turbines Power Vents Roof Slope: _____

Square Footage Of Floor Space Covered By Roofing Shingles: _____

Number Of Squares Involved In Claim: _____ Fastened By: Nails Staples

Explain Your Claim (attach another sheet if needed): _____

I certify the above information to be true, correct and complete and I understand that it is unlawful to present or cause to be presented any false or fraudulent claim.

Signature _____ Date _____

By accepting and investigating this complaint, PABCO® Roofing Products in no way extends the applicable statute of limitations or warranties in force on the date of purchase.

Revised 07/21/11