

CLAIM PROCESS & FORM

File # _____

In order to initiate a claim against our 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 completely.
3. Sign and date form where noted.
4. Provide us with TWO 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:

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 our 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

PLEASE RETAIN A COPY FOR YOUR RECORDS

Owner s Name: _____ Phone: _____

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

Location 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 No. Roofs: _____

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 Complaint: _____

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 claim, PABCO® Roofing Products in no way extends the applicable statute of limitations or warranties in force on the date of purchase.