

WARRANTY SERVICES

803 Belden Rd

Jackson, MI 49203

Toll Free: 800.682.3344

Fax: 517.787.0023

Email: jtc.warrantyserv@saint-gobain.com

Homeowner(s) Name

Address

City/State/Zip

RE: Incident # 00XXXXXX

Dear Mr. & Mrs. Homeowner:

We have received notice that you are experiencing a problem with a siding product. Upon receipt of all the following information, we can continue to process your claim.

- 1) **Questionnaire.** Complete the enclosed product Questionnaire and return it to us.
- 2) **Proof-of-Purchase.** See the Questionnaire for available options to satisfy this requirement. *Please also include a copy of the applicable warranty (the warranty in effect at the time of the original installation).*
- 3) **Photos of all sides of the property showing the complete wall areas.** See examples below. For best results, please try to take all full wall photos “straight on” – not at an angle, when possible. *Note: Also submit some close-up photos of individual areas affected by the concern.*



- 4) **Indicate where and to what extent the problem has occurred.** Please be specific.
- 5) **An affected piece.** Submit a sample approximately **1-3 feet** in length that you *feel best represents* the concern. The sample is required for review and/or testing to verify whether or not the product has a legitimate manufacturing problem. Please **do not cut the sample out of the wall or damage the sample in any way** (Ex: bend it, write on the front, etc). Understand that the sample may need to be reapplied to the wall. Indicate from which wall the sample was removed (*on the back of the sample, never on the front*).

Note: For fade (excessive weathering) complaints, make sure to submit a sample that has weathered in an excessive manner, as some color loss is normal and expected.

Make sure to remove the sample carefully to avoid damage and properly package the sample for mailing/delivery. Understand that we cannot take responsibility for samples that are damaged during removal or mailing.

Thank you for your cooperation. We are looking forward to receiving this information.

Sincerely,

Warranty Services

Enclosure

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Incident #: _____

COMPLAINT QUESTIONNAIRE

FAILURE TO COMPLETE THIS FORM MAY REQUIRE US TO RETURN IT TO YOU, DELAYING OUR RESPONSE.

1. Name _____ Name _____
(home/property owner – first and last name) (spouse or secondary owner, if any – first and last name)

Complaint Address _____ City _____ State _____ Zip _____

Mailing Address* _____ City _____ State _____ Zip _____

* The Mailing Address is only to be completed if the complaint address is different than where the home/property owner(s) physically resides.

Phone #: Home (____) _____ Work (____) _____ Fax (____) _____

Work # above is for (Name): _____ Is the Complaint Address a rental property? Yes No

2. Company who applied material: Name _____ Address _____
City _____ State _____ Zip _____ Phone # _____

3. Company who sold material: Name _____ Address _____
City _____ State _____ Zip _____ Phone # _____

4. Product Involved: Name: _____ Color: _____ Color of Accessories _____
Profile (Ex: D4", D5", etc): _____ Texture: Smooth Woodgrain Other _____
Material: Aluminum FiberCement Steel Vinyl Other _____

5. # of Squares on Building (1 Square = 100 sq/ft of wall area): _____ # of Squares Affected: _____

6. Wall(s) Affected (check **only** those affected – identify the left & right walls as if viewing from the front of the property):
 Front Back Left Right Other(s) _____

7. Wall Sizes (length x height): Front _____ x _____ Back _____ x _____ Left _____ x _____ Right _____ x _____
Gables: 1) _____ x _____ 2) _____ x _____ Please note location of gables (which wall): 1) _____ 2) _____

8. Which wall faces North? Front Back Left Right

9. Date of Installation: Month _____ Day _____ Year _____ Date of Purchase: Month _____ Day _____ Year _____

10. Date problem first discovered: Month _____ Day _____ Year _____

11. Proof-of-Purchase is **REQUIRED**. Please note which item is attached (check one):
 Copy of Applicable Warranty Sample Other (specify) _____
 Paid receipt **specifically** identifying our company as the manufacturer of the product stated above

12. Photos of all walls are **REQUIRED**. Please include at least five (5) photos (four full wall photos and one close up).

13. Did you own the property when the product was installed* Yes No If No, date purchased: _____
**Answer YES, if you purchased or had built a new construction property. In other words, were you the first person to physically live/reside within the property.*

14. If necessary, do we have permission to physically inspect the property? Yes No

15. Nature of problem (be specific – use reverse side if necessary): _____

Signature(s) _____

Date: _____