AVM Industries, Inc. Warranty Request Form

Use One Form for Each Warranty Requested

Today's Date _____ Date of Substantial Completion _____

Project Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Waterproofing Contractor: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ E-mail: _____ Phone: _____

Building Owner: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ E-mail: _____ Phone: _____

System Used		
☐ System 100	Sq. Ft. Over Concrete	Sq. Ft Over Plywood
☐ System 700, Tile Waterproofing	Sq. Ft. Over Concrete	Sq. Ft Over Plywood
☐ System 500, Aussie Membrane	Vertical Sq. Ft.	Horizontal Sq. Ft.
☐ System 520 Aussie Membrane	Vertical Sq. Ft.	Horizontal Sq. Ft.
☐ System 580-AL/PL Aussie Mate	Vertical Sq. Ft.	Horizontal Sq. Ft.
☐ System 550 Aussie Skin	Vertical Sq. Ft.	Horizontal Sq. Ft.
☐ System 560 Aussie Skin	Vertical Sq. Ft.	Horizontal Sq. Ft.
☐ System 590/590-PL Aussie Clay	Vertical Sq. Ft.	Horizontal Sq. Ft.
☐ System 570 Hot Rubber	Vertical Sq. Ft.	Horizontal Sq. Ft.
☐ Dual System, Aussie Skin/Aussie Clay	Vertical Sq. Ft.	Horizontal Sq. Ft.
☐ Other	Vertical Sq. Ft.	Horizontal Sq. Ft.

Warranty Selection		
Application	Warranty Type	Duration
☐ Below-Grade	☐ Standard Material	☐ 5yr
☐ Decks and Planters	☐ Aussie Guard	☐ 10yr
	☐ Other (Please Specify)	☐ 15yr
		☐ 20yr

Project Status: Please select one of these two options:
☐ There are no known leaks or problems at this time with the AVM Waterproofing System(s) listed in this warranty request.
☐ There are known leaks or problems at this time with the AVM Waterproofing System(s) listed in this warranty request. See detailed information attached.

_____ _____
Waterproofing Applicators Signature Print Name and Title

Email this form to warranty@avmindustries.com

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