

In accordance with terms of the Consolidated Limited Product Warranty issued by Roofing Warranty, LLC, the following Installation Summary is submitted.

CUSTOMER INFORMATION	
Customer Name:	Warranty Number:
Contact Name:	Phone:
Email:	Date of Installation Summary:

ORDER INFORMATION	
Paid Invoice #:	Date of Purchase:
Date of Installation:	Metal Alliance Lot #(s) and/or Mill Tag #(s) Used in Installation!:

PRODUCT AND INSTALLATION INFORMATION			
Substrate (select one) <input type="checkbox"/> AZ50 Steel <input type="checkbox"/> AZ55 Steel <input type="checkbox"/> G90 Steel <input type="checkbox"/> ZM150 MagnaGuard™ Steel <input type="checkbox"/> Aluminum			
Coating (select one): <input type="checkbox"/> Acrylic <input type="checkbox"/> PVDF <input type="checkbox"/> PVDF Coastal <input type="checkbox"/> FEVE <input type="checkbox"/> SMP <input type="checkbox"/> Tedlar® PVF Film		Color Name:	
Fastener Type:		Fastener Supplier:	
Installation Type (select one): <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial		Roof or Wall Installation:	
Panel Profile Type:		Roof Angle:	
Installation Address:	City:	State:	Zip:

CONTRACTOR INFORMATION		
Panel Manufacturer:	Phone:	Email:
Contractor/Installer:	Phone:	Email:
Building Owner:	Phone:	Email:

*I hereby certify that the information submitted in this Installation Summary is true. I will provide Roofing Warranty, LLC or its agents with the documents and access needed to assess the information provided. Roofing Warranty, LLC or its agents may contact all the parties listed in this document.*

Signature:	Company Name:
Printed Name:	Date:

Submit completed Installation Summary via email to [warrantyregistration@metalalliance.com](mailto:warrantyregistration@metalalliance.com), or in person or by mail to:

**Roofing Warranty, LLC**  
2120 SW Poma Drive  
Palm City, FL 34990

**You should retain a completed copy of this form for your records.**

**This section to be completed by Roofing Warranty, LLC.**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Warranty #: \_\_\_\_\_