



G.E.M. Inc. Warranty Claim Form

To be returned to G.E.M. Inc. by Registered Mail Only

Attach copy of your Warranty Form (filled out at time of installation)

Name _____ Date _____

Address _____

City _____ Prov/State _____ Country _____

Postal/Zip _____ Phone () _____ Installer _____

Product Purchased _____ **Colour** _____ **Install Date** _____

Photos Attached? Y__ N__ Photos can be emailed to info@euroshieldroofing.com

Installation Address (if different from above) : _____

City _____ Prov/State _____ Country _____

REASON FOR CLAIM:

For Office Use Only
Follow-up date: _____ Site Visit: Yes ___ No ___ Date of Site Visit: _____
Action Taken: _____
Additional Follow-up required: _____