

**HYLOAD WARRANTY APPLICATION
MASONRY FLASHING PRODUCTS**

HYLOAD, INC.
5020 ENTERPRISE PARKWAY
SEVILLE, OH 44273
PHONE: (800) 457-4056
FAX: (330) 769-4153

Warranty Requested:

*Lifetime Material Only Warranty
No Charge*

Hyload Material Specified: _____

PROJECT _____

Area Name or Designation _____

Address _____

City _____ State _____ Zip _____

Contact(s) _____ Phone _____ Fax _____

Project Completion Date _____

Building Owner _____

Address _____

City _____ State _____ Zip _____

Contact(s) _____ Phone _____ Fax _____

Architect/Consultant _____

Firm _____

Address _____

City _____ State _____ Zip _____

Contact(s) _____ Phone _____ Fax _____

Quality Control performed by: _____

Address _____

City _____ State _____ Zip _____

QC Inspector _____ Phone _____ Fax _____

Masonry Contractor _____

Address _____

City _____ State _____ Zip _____

President/Owner _____ Job Foreman _____

Phone _____ Fax _____

Hyload materials were purchased from:

Distributor/Representative _____ Contact _____

Project Specifications Prepared By: _____

Architect Consultant Owner Other _____

Type of Project: New Construction Replacement Retrofit

Use of Structure: _____

Hyload Membrane Used: _____ **No. of Square Feet:** _____

Adhesion: _____

Accessories: List any additional products planned for use with the Hyload products installed. Include cloaks, adhesives, primers, mastics, etc. _____

The undersigned masonry contractor hereby warrants (a) that is has complied with Hyload's written specifications and recommended installation practices with respect to the job described herein, (b) that it has made such installation in a good and workmanlike manner.

Masonry Contractor: _____

By: _____

Authorized Signature of Masonry Contractor

Date: _____

TO BE COMPLETED BY HYLOAD, INC.

Warranty Number Assigned: _____

Scope of this project has been reviewed and accepted by the Hyload Technical Department.

Accepted by: _____ **Date:** _____

Warranty being sent to: _____

Comments: _____
