

**SIKA CORPORATION**  
**Request For Warranty Intent Letter**

*All information must be completed or form will be returned*

Warranty ID # \_\_\_\_\_ Sales Rep \_\_\_\_\_ Fax: \_\_\_\_\_

**Type of Warranty:** Material \_\_\_\_\_ Project / Systems \_\_\_\_\_ Standard Material \_\_\_\_\_

1. Project Name: \_\_\_\_\_

Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Architect / Engineer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. General Contractor (If appropriate): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

5. Applicator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

6. Distributor (If appropriate): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Products to be Used Estimated Quantity**

**Substrate Area**  
(Square Footage required for coatings)

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Estimated Total Sika Product Value: \_\_\_\_\_

Expected Start Date: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_

Warranty Term: \_\_\_\_\_ Years

**Specifications/Brief Description of Project: (Must be completed or form will be returned)**

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Photos Taken  Submitted

\_\_\_\_\_  
Sales Representative Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Technical Service Manager Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Regional Sales Manager Signature  
(For Labor Inclusion Only) Date: \_\_\_\_\_