

Warranty Request

Licensed/Contractor: _____

Project Address.

Street/Road: _____

Suburb: _____

Town/City: _____

Warranty for (Owner, Builder etc): _____

Date of Completion of Work: _____

Work completed – (tick those applicable)

- ☐ EZ Panel system
- ☐ Aerobrick system
- ☐ Caviteclad system
- ☐ Thermashell system
- ☐ Plastering Blockwork
- ☐ Plastering Brickwork
- ☐ Jointing and Finishing Fibre Cement Sheets
- ☐ Skimming Precast Concrete
- ☐ Other Please Specify

Finish:

- ☐ Float
- ☐ Sponge
- ☐ Spanish
- ☐ Spray texture
- ☐ Other _____

Painting.

Manufacturer: _____

Colour: _____

Name:

Signature:

LBP Number