



Industrial Louvers, Inc.
 511 S. 7th Street
 Delano, MN 55328

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PRODUCT & FINISH WARRANTY REQUEST FORM

PROJECT INFORMATION

Number of Copies Required

Invoice # ILL Job # Warranty

Project Name: As Builts Req.

Project Address:
 O & M Manual

City: State/Province: Zip/Postal Code:

Spec Section: Date of Substantial Completion:

CONTRACTOR INFORMATION

Contractor Name:

Address:

City: State/Province: Zip/Postal Code:

OWNER INFORMATION - must be provided

Owner Name:

Address:

City: State/Province: Zip/Postal Code:

PRODUCT INFORMATION

Standard Warranty Period - 1 year

or ***Other Warranty Period (provide # of years)**

**Please provide copy of Spec*

(check all that apply)

Louvers Sunshades Column Covers

Grilles Equipment Screens

FINISH INFORMATION

Standard Kynar Warranty Period - 5 years

or ***Other Warranty Period (provide # of years)**

**Please provide copy of Spec*

Date Submitted

Form Submitted by:

Contact Phone #: E-mail:

Mail to: Rep/Customer Contractor: Owner:

Please return form to Customer Service: Kathleend@industriallouvers.com
 or Fax to 763-972-2911