FABRICATED
ACM SYSTEMS

WARRANTY REQUEST FORM

All fields must be completed in full. Lumabuilt cannot process or issue any warranty requests until all required information has been received. Warranties will not be issued until payment for all related invoices has been received in full.

For questions regarding this form, please contact a Lumabuilt representative at (602) 275-1676.

WARRANTIES WILL BE ISSUED DIGITALLY VIA EMAIL.

LUMABUILT ORDER NUMBER: _____

PURCHASE ORDER NUMBER: _____
(Optional)

Project Information

PROJECT NAME: _____

PROJECT ADDRESS: _____

PROJECT CITY: _____ PROJECT STATE: _____ PROJECT ZIP: _____

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER CITY: _____ OWNER STATE: _____ OWNER ZIP: _____

OWNER PHONE NUMBER: _____ OWNER EMAIL: _____

ARCHITECT: _____

ARCHITECT ADDRESS: _____

ARCHITECT CITY: _____ ARCHITECT STATE: _____ ARCHITECT ZIP: _____

INSTALLER: _____

INSTALLER ADDRESS: _____

INSTALLER CITY: _____ INSTALLER STATE: _____ INSTALLER ZIP: _____

GENERAL CONTRACTOR: _____

Lumabuilt

BORN HERE.
BUILT HERE.

FABRICATED
ACM SYSTEMS

WARRANTY REQUEST FORM

PRODUCT APPLICATION
Check all that apply

- ☐ Accent
- ☐ Canopies
- ☐ Fascia
- ☐ Entrance Way
- ☐ Soffits
- ☐ Walls
- ☐ Interior
- ☐ Exterior
- ☐ Other
  Please Specify: _____

TYPE OF ATTACHMENT USED: _____

FAÇADE HEIGHT: _____

IS THE PROJECT ABOVE 40 FEET FROM GRADE?	☐ Yes	☐ No
PERFORATED AND/OR EXPOSED EDGE?	☐ Yes	☐ No
IS THE PROJECT LOCATED WITHIN 1500 FEET OF SALT/BRACKISH WATER?	☐ Yes	☐ No
IS THE PROJECT LOCATED WITHIN 1500 FEET OF A COASTLINE OR EXTREME INDUSTRIAL CONDITIONS?	☐ Yes	☐ No
IS THE PROJECT UNDER RAIN SHADE?	☐ Yes	☐ No

Warranty Information

WARRANTY RECIPIENT NAMES:
(Company, Job, or Individuals)

_____

WARRANTY COMMENCEMENT DATE: _____

EMAIL ADDRESS TO SEND WARRANTY: _____

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