

LEVANTÉ[®] WARRANTY CLAIM FORM

This form is to be filled out completely prior to submission and emailed to Levanté[®], LLC.

*Date of Claim:	*l am a:	*Project Type:	
			-
Was your Levanté [®] product registered after installation? If YES, please complete Sections 1, 3, & 4; if NO , please complete Sections 1-4.		Yes	No

SECTION 1

INSTALLATION LOCATION INFORMATION:

*Name:		Company Name (If Applicable):
First	Last	
*Phone Number:	*Email:	
*Address:		
Street Address		
Address Line 2		
City		State / Province / Region
Postal / Zip Code		Country
YOUR MAILING INFORM	ATION: Same as above	
* Mailing Address:		
Street Address		
Address Line 2		
City		State / Province / Region
Postal / Zin Code		Country



SECTION 2 PROJECT DETAILS: *Product Built By:	Contractor	Builder DI	4	
Contractor/Builder Name:	Contractor	Contact Person:		
Contractor/Builder Email:		Contractor/Builder Phone Number:		
Date of Purchase:	Installation Start Date:		Date of Completion:	
Approximate Square Footage of Project:		Approximate Linear	Footage of Project:	
	OR			
SECTION 3				
	Please identify Levanté®		d in this project	
Materials Installed: Check all that apply.	dding Fencing	Decking		
Other:				
Product Color(s): Toasted Marshmallow	Twilight Su	ın Moon	light Kiss	
			-	
Describe the Complaint, Problem or Situation (provide drawings, date when problem was				

SECTION 4 CLAIM SUPPORT PHOTOS & DOCUMENTS:

Attach all supporting documentation, including photos*, showing defective Levanté® product. *Photos must accompany claim form in order for the claim process to begin. Any claims submitted without supporting photos will not be processed and will be returned to the submitter.

- a. Provide several photos of the issue
 - Up close and at a distance to show the overall project
 - Take pictures at different angles
 - Use tape, washable marker, colored sticky notes, etc. to highlight the issue while taking pictures
 - Use a tape measure to show the size of the area in question in your close-up pictures
 - Use a straight edge to show any warping, tapering or non-flat area. Take a picture showing the gap with a tape measure indicating the size.
 - Name pictures with a description of what the picture represents (For example: Up close, entire project, scratch, etc.)
 - Review pictures and only submit pictures that clearly show the area of concern.
- b. Please file name of photos using your name and claim date. (ie: johndoe_07.21.21_01.jpg, johndoe_07.21.21_02,jpg)
- c. Email the form and pictures to warranty@levantealuminum.com. Send multiple emails if the files are too large. The subject of the email and claim form should be Name_Install Type_Claim Date (ie: johndoe_cladding_07.21.21).
- d. NOTE: Form will be returned if not filled out completely and/or photos are not sent of issue.

ADD ATTACHMENT(S)

TO SUBMIT YOUR CLAIM, SEND THIS COMPLETED FORM ALONG WITH SUPPORTING DOCUMENTS (PROOF OF PURCHASE, PHOTOS, ETC.) TO:

Email: warranty@levantealuminum.com

