

**HELP!**

# INFORMATION NEEDED TO DO YOUR METAL ROOF INSPECTION WARRANTY PROGRAM

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FAX NO: \_\_\_\_\_

\_\_\_\_\_

TELE: NO: \_\_\_\_\_

FROM: **AMB WARRANTY, INC. (AMB) ----- (ATLANTA OFFICE)**  
12460 CRABAPPLE RD. SUITE 202-374  
ALPHARETTA, GA. 30004  
TELE: (770) 664-5310 MESSAGE SYSTEM  
1-800-527-6277 MESSAGE SYSTEM CUSTOMER SERVICE  
FAX: (770) 664-9607 MESSAGE SYSTEM

AMB'S CLIENT HAS ASKED THAT WE HAVE OUR INSPECTION DIVISION TO INSPECT YOUR METAL ROOF. WE NEED YOUR HELP WITH INFORMATION TO BE ABLE TO SCHEDULE THE WARRANTY INSPECTION ON YOUR METAL ROOF PROJECT.

PROJECT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

METALS PANEL SYSTEM PROJECT NAME AND NO: \_\_\_\_\_

? HOW MUCH HAVE FINISHED: NOT STARTED \_\_\_\_\_ WHEN WILL START \_\_\_\_\_ STARTED \_\_\_\_\_ FINISHED  
% 10 \_\_\_\_\_ 25 \_\_\_\_\_ 50 \_\_\_\_\_ 75 \_\_\_\_\_ 90 \_\_\_\_\_ 100 \_\_\_\_\_ in PUNCH-OUT \_\_\_\_\_

WE NEED TO KNOW:

SIZE OF ROOF (S.F.): \_\_\_\_\_

TYPE OF ROOF SYSTEM INSTALLED: \_\_\_\_\_

SLOPE OF ROOF: \_\_\_\_\_ STEEPEST SLOPE: \_\_\_\_\_

**DIRECTIONS TO JOB SITE: PLEASE ATTACH DIRECTIONS AND LOCATOR MAP**

PARTY NAME WE SHOULD CONTACT: \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ OTHER # \_\_\_\_\_

1. PLEASE RETURN FAX THIS INFORMATION FORM WITH DIRECTIONS AS EARLY AS POSSIBLE.
2. UPON RECEIPT OF THIS INFO. WE WILL CONTACT YOU FOR SCHEDULING ARRANGEMENTS.
3. IT IS REQUIRED OF YOU TO PROVIDE SAFETY DEVICES AND SAFE ACCESS TO THE ROOF.
4. WHETHER THIS IS A FINAL INSPECTION OR NOT WE RECOMMEND YOU HAVE SOMEONE ON-SITE EQUIPPED WITH TOOLS AND MATERIALS TO PERFORM CORRECTIVE ACTION WHILE WE ARE ON-SITE. HOPEFULLY IF CORRECTIVE WORK IS NECESSARY & THE PROCEDURE MAY BE ACCOMPLISHED IN A TWO HOUR PERIOD IT MAY PREVENT A REQUIREMENT FOR A RE-INSPECTION TRIP
5. PLEASE HAVE JOB APPROVED SHOP DRAWINGS AND DETAILS AVAILBLE DURING THE INSPECTION(S).
6. IN ADVANCE WE THANK YOU FOR YOUR COOPERATION THAT WE CAN MAKE THIS A SUCCESSFUL AND BENEFICIAL INSPECTION FOR YOUR COMPANY.