

ELASTOCOAT / ULTRA-LASTIC WARRANTY REQUEST FORM

MONOPOLE, INC
U.S. SPECIALTY COATINGS
4661 ALGER ST., LOS ANGELES, CA 90039
TEL: (818) 500-8585 FAX: (818) 502-0818



(Must be completed by Applicator/Contractor)

Project Name _____

Address _____

SUBSTRATE QUESTIONS

Please Check The Following That Apply To The Substrate:

Surface Coated: New Recoat Walls Other _____

If Recoat, specify type and age of coating _____

Substrate: Concrete Block Tilt-ups Stucco Wood Other _____

CONCRETE: Tilt-ups Poured-in-Place Other _____

BRICK STUCCO EIFS Other _____

BLOCK: Split Face Smooth Fluted Other _____

Condition of Surface: New Old/Coated Old/Uncoated Chalking Other _____

Surface Preparation (Specify): _____

Surface Conditioner/Primer/Block Filler Used: _____

APPLICATION QUESTIONS

Product Name: _____

Qty of Product Used: _____ Amount of Square Feet: _____

Qty of Product Used for the 1st Coat: _____ Qty of Product Used for the 2nd Coat: _____

Method of Application: _____

Weather Conditions during Application: _____

Starting Date: _____ Completion Date: _____

ELASTOCOAT / ULTRA-LASTIC WARRANTY REQUEST FORM (cont.)

MONOPOLE, I NC
U.S. SPECIALTY COATINGS
4661 ALGER ST., LOS ANGELES, CA 90039
TEL: (818) 500-8585 FAX: (818) 502-0818



PRODUCTS (Check all that apply):

<input type="checkbox"/> AQUABOND: Surface Conditioner	<input type="checkbox"/> AQUAPRIME: Primer
<input type="checkbox"/> ELASTOCOAT: Regular Elastomeric	<input type="checkbox"/> ULTRA-LASTIC: Premium Grade Elastomeric
<input type="checkbox"/> ULTRA-PRIME: Elastomeric Primer	<input type="checkbox"/> AQUASEAL ME12, Water Repellent

FINISH SYSTEM COVERAGE:

Square Ft./Gal/Coat: _____ No. of Coats: _____

WFT/Coat: _____ DFT/Coat: _____

Surface Condition(s): _____

Recommendations: _____

Applicator/Contractor Signature

Monopole Authorized Signature

Date: _____

Date: _____

