

PERMASHIELD PREMIUM WARRANTY REQUEST FORM

MONOPOLE, INC.
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 Previously Coated: No Yes, Specify Coating Type : _____

If Coated, specify type, quantity of products used, quantity of coats applied, & 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: _____

Bee Holes/Voids: Yes No Condition: _____

Efflorescence: Yes No Cleaning Required: Yes No

Structural Cracking: Type and Location: _____

Required Capping Of All Stem Walls & Parapets Installed: Yes No

Metal: _____ Elastomeric: _____ Other: _____

Roof Installed: Yes No Downspouts Installed: Yes No

Caulking Installed: *Windows:* Yes No *Doors:* Yes No

Expansion Or Control Joints Caulked: Yes No

Flashing & Scuppers Installed: Yes No

Parapet Wall (Backside) Waterproofed: Yes No

Below Ground Walls Waterproofed: Yes No

Building Dry, Clean, & Ready For Coating: Yes No Other: _____

Surface Preparation (Specify): _____
