



# Project Report & Warranty Request

**Time Stamp (UTC):** 2014-02-10, 20:49:31  
**Date Submitted:** 02-10-2014  
**Customer Unique Form ID:** 259

## For Office Use Only

Job #: \_\_\_\_\_

ft<sup>2</sup>/gal: \_\_\_\_\_

Invoice #: \_\_\_\_\_

- ☐ Job Posted in MAS
- ☐ Notes in MAS
- ☐ Distributor Authorized
- ☐ Invoice/Drum #s Match
- ☐ Invoice Paid
- ☐ 5 Year Labor Warranty (From Distributor)
- ☐ 20 & 5 Year
- ☐ Lifetime & 5 Year Labor
- ☐ Lifetime Product & Labor

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Project Report ONLY | <input checked="" type="checkbox"/> Ashford Formula | <input checked="" type="checkbox"/> Domestic Project |
| <input type="checkbox"/> Warranty Request               | <input type="checkbox"/> Retroplate                 | <input type="checkbox"/> International Project       |

☐ Will this project be applying for a LEED Award or any other "Green" distinctions?

Customer/Rep Submitting Form	john doe	Customer/Rep Email*	jason@openskymedia.com	PO #	125
------------------------------	----------	---------------------	------------------------	------	-----

## PROJECT INFORMATION

Project Name*	cool project	Gallons Used*	billions
Address*	960 S 550 E Unit A7	ft <sup>2</sup> *	thousands
City*	Clearfield	Initial Application Date*	12/03/2013
Province/State*	UT	Final Application Date*	12/04/2013
Postal Code	84015	Building Use*	airport
Country*	United States	Industry*	airline
Project Owner*		Comments	
Specifier/Architect			
General Contractor			
Applicator*	asdfsadf		
Flat Worker / Sub-Contractor	Huh?		

## DRUM INFORMATION

Drum No.	Gallons	Drum No.	Gallons	Drum No.	Gallons	Drum No.	Gallons
2342345	234						

## WARRANTY REQUEST

Date Floor To Be Warranted*		Address*	
Applicator Company Name*		City*	
Applicator Owner Name*		State/Province*	
Phone*		Postal Code	
Fax		Country*	
Environmental Conditions During Concrete Pour (i.e. Enclosed Building)*			
Weather Conditions During Application*			
Ashford Formula Used As Cure?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Applied To Concrete?*	<input type="checkbox"/> On Existing Floor? <input type="checkbox"/> At Time Of Placement?
Floor Burnished?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hours After Placement	
		Application Supervised by Distributor?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Maintenance Brochure Given?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PARTNERING SERVICES PROJECTS

No details

The following files were uploaded: