



PATRIOT TIMBER

P R O D U C T S[®]

the revolutionary source[®]

Claim Notification Form

From: _____

Company Name: _____

Address: _____

Contact: _____ Phone #: _____

Claim #: _____ Email: _____

DS Invoice #: _____ P.O. #: _____

Installation Date: _____

Number of sheets used in installation: _____

Date claim was discovered: _____

Name & Address of Contractor/Installer: _____

Phone #: _____ Email: _____

Name & Address of Homeowner: _____

Phone #: _____ Email: _____

Describe defect in floor (please include as much detail as possible). Also, if possible, please provide pictures of the defective area.
