Instructions:

1. Claim form must be filled out completely.

2. **Proof of purchase (copy of invoice showing Laticrete materials) must accompany form**.

3. Fax to (203) 393-1948

Email to [TechnicalServices@laticrete.com](mailto:TechnicalServices@laticrete.com)

Mail to LATICRETE® International, 1 Laticrete Park North, Bethany, CT 06524

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| General Information | | | | | | | | | | | | | | | |
| Claim Filed by: |  | | | Date: | | | | | | | Phone: | | | | Fax: |
| Project Name: |  | | | Project Address: | | | | | |  | | | | | |
| City/State/Zip |  | | | Project Phone: | | | | | |  | | | | | |
| **Project and Product Information** | | | | | | | | | | | | | | | |
| Product Used: | | Sample available: | | | | | | Color: | | | | | | Square footage: | |
| Quantity Purchased: | | Date Purchased: | | | | | | Control #: | | | | | | Date Used: | |
| Substrate (type and thickness): | | | | | | | | | Interior or Exterior: | | | | | | |
| Tile type /size:: | | | | | Grout additive used/type: | | | | | | | | Trowel size: | | |
| Describe construction and condition of substrate: | | | | | | | | | | | | | | | |
| Description of Problem: | | | | | | | | | | | | | | | |
| Suggested Solution: | | | | | | | | | | | | | | | |
| **Owner Information** | | | | | | | | | | | | | | | |
| Owners Name: | | | | | | Contact Person: | | | | | | | | | |
| Address: | | | | | | City/State/Zip: | | | | | | | | | |
| Phone: | | | Fax: | | | | | | | | | Email: | | | |
| **Contractor Information** | | | | | | | | | | | | | | | |
| Contractor/Installer: | | | | | | | Contact Person: | | | | | | | | |
| Address: | | | | | | | City/State/Zip: | | | | | | | | |
| Phone: | | | Fax: | | | | | | | | | Email: | | | |
| **Laticrete Distributor Information** | | | | | | | | | | | | | | | |
| Distributor: | | | | | | | Contact Person: | | | | | | | | |
| Address: | | | | | | | City/State/Zip: | | | | | | | | |
| Phone: | | | Fax: | | | | | | | | | Email: | | | |