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

 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:      |