

WARRANTY REACTIVATION FORM

TO REACTIVATE YOUR WARRANTY PLEASE COMPLETE THIS FORM WITH YOUR INSPECTING COMPANY AND RETURN WITHIN 30 DAYS

It is recommended that you keep a copy of this reactivation form for your own records.

I, the home owner have read and understood the information contained in the Granitgard Warranty Conditions and wish to reactivate my Granitgard Warranty:

Date:..... **Phone (Owner):**(.....).....

Name (Home Owner):

Address where System is installed:

Postal Address if different to above:

Phone: (.....).....

Email:

Signed by the Home Owner/s:

BELOW TO BE COMPLETED GRANITGARD LICENSEE

I, the Granitgard Licensee have fully inspected the property and agree that there are no problem items which should prevent the Granitgard Warranty from being reinstated:

Granitgard Licensee Company:

Granitgard Licensee Inspector Name:

Granitgard Licensee Inspector Signature:

Date:.....

Inspection Report No:

Return this form along with a photocopy of your initial Certificate of Treatment/Installation Certificate, latest Inspection Report issued by a current Granitgard Licensee and any previous inspection reports that you may hold, to:

GRANITGARD MARKETING PTY LTD
PO Box 1537
Oxenford QLD 4210

Fully completed Warranty Reactivation Form, photocopy of the initial Certificate of Treatment/Installation Certificate and photocopy full Inspection Report must be sent to PO Box 1537, Oxenford QLD 4210 in order to reactivate the Granitgard Warranty. Any form not signed by the Granitgard Licensee will not be processed.