



# CLAIM FORM

**Langue/Language:**

**Anglais/English**

**Date:**

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**Name of your company/contact:**

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**Home Owner's name:**

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**Home Owner's address with postal code:**

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**Home Owner's phone number:**

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**Home Owner's email address:**

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**Installation date:**

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**Original contractor:**

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**Reason for the claim:**

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**Name of the defective product:**

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**Colour of the defective product:**

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**Total quantity of the job:**

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**Quantity with problems:**

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**Special Notes:**


**\*\*\*Email this form to [sales.support.ventes@permacon.ca](mailto:sales.support.ventes@permacon.ca) with photos and a valid proof of purchase\*\*\***