PLY GEM SIDING GROUP - ROOFING DAMAGE REPORT
(Please type or print legibly)

HOMEOWNER NAME: _____

Street Address (No PO Box) _____ City _____ State _____ Zip Code

County _____ ( ) Home Phone Number _____ ( ) Work Phone Number _____

CLAIM IS LOCATED AT ABOVE ADDRESS: Yes ____ No ____ IF NO PROVIDE ADDRESS BELOW:

Street Address _____ City _____ State _____ Zip Code

OBSERVED PROBLEM: Leaking _____ Fade _____ Other _____

DESCRIBE CONDITION: _____

DATE PROBLEM FIRST NOTICED: _____ / _____ / _____

DID THE PROBLEM OCCUR AFTER A STORM? Yes ____ No ____

IF SO, WHAT TYPE OF STORM? Wind ____ Hail ____ Snow ____

Other: _____

TYPE OF PRODUCT: Country Cedar Shake _____ HomeCrest _____ Unknown ____

INSTALLATION DATE: _____ / _____ / _____

ARE YOU THE ORIGINAL HOMEOWNER: Yes _____ No _____

IF NO, DO YOU KNOW THE NAME OF THE PREVIOUS OWNER? _____

CONTRACTOR WHO INSTALLED YOUR METAL ROOF:

Name _____ Unknown _____

Street Address _____ City _____ State _____ Zip Code

Ply Gem, reserves the right to make an inspection of your home at any time, should we need to verify the usage of our product. Ply Gem, also reserves the right to pursue legal action on "fraudulent claims." I certify all the information above is true to the best of my knowledge.

Homeowner's Signature _____ Date _____

CLAIM #

Note: If leaking, please tarp to prevent damage until claim can be resolved.

Form No. WS-003-12/02