



Metal Edge Warranty Request Form

Use this form to request inclusion of field-fabricated metal edging in a Carlisle SynTec Inc. Total System Warranty. Completion and submission of this form is required prior to submission of Notice of Completion on the Carlisle SynTec warranted project. **Please submit a detailed drawing of the metal edge system along with this form.** Inclusion in the warranty is subject to approval by Carlisle Project Review

Please complete the following and fax to 717-245-7269 with a detailed drawing

Project Information

Contractor Name _____			
Contractor Address _____			
Project Name _____			
Project Address _____			
Project Size _____ Sq. Ft.	Roof Height _____ Ft.	Roof Slope _____ in 12	
Construction Type	<input type="checkbox"/> New	<input type="checkbox"/> Tear-Off	<input type="checkbox"/> Recover

Warranty Information

Building Owner Name _____	
Building Address _____	
Carlisle Notice of Award Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Metal Edging Information

Roof Edge 1		Total Linear Feet _____
Edge Type		
	Coping	Fascia/Drip Edge/Gravel Stop
Cleat	Stretch out _____ Length _____ Material _____	Stretch out _____ Length _____ Material _____
Cover	Stretch Out _____ Length _____ Material: <input type="checkbox"/> Kynar / Steel: <input type="checkbox"/> 22 Ga. <input type="checkbox"/> 24 Ga. <input type="checkbox"/> 26 Ga. <input type="checkbox"/> Other _____ <input type="checkbox"/> Aluminum: <input type="checkbox"/> .032 <input type="checkbox"/> .040 <input type="checkbox"/> Other _____ <input type="checkbox"/> Copper: <input type="checkbox"/> 16 Oz. <input type="checkbox"/> 20 Oz. <input type="checkbox"/> Other: _____	Stretch Out _____ Length _____ Material: <input type="checkbox"/> Kynar / Steel: <input type="checkbox"/> 22 Ga. <input type="checkbox"/> 24 Ga. <input type="checkbox"/> 26 Ga. <input type="checkbox"/> Other _____ <input type="checkbox"/> Aluminum: <input type="checkbox"/> .032 <input type="checkbox"/> .040 <input type="checkbox"/> Other _____ <input type="checkbox"/> Copper: <input type="checkbox"/> 16 Oz. <input type="checkbox"/> 20 Oz. <input type="checkbox"/> Other: _____
Fastening:	Fastener Size _____ Length _____ Fastener Rate _____ O.C.	

Roof Edge 2		Total Linear Feet _____
Edge Type		
	Coping	Fascia/Drip Edge/Gravel Stop
Cleat	Stretch out _____ Length _____ Material _____	Stretch out _____ Length _____ Material _____
Cover	Stretch Out _____ Length _____ Material: <input type="checkbox"/> Kynar / Steel: <input type="checkbox"/> 22 Ga. <input type="checkbox"/> 24 Ga. <input type="checkbox"/> 26 Ga. <input type="checkbox"/> Other _____ <input type="checkbox"/> Aluminum: <input type="checkbox"/> .032 <input type="checkbox"/> .040 <input type="checkbox"/> Other _____ <input type="checkbox"/> Copper: <input type="checkbox"/> 16 Oz. <input type="checkbox"/> 20 Oz. <input type="checkbox"/> Other: _____	Stretch Out _____ Length _____ Material: <input type="checkbox"/> Kynar / Steel: <input type="checkbox"/> 22 Ga. <input type="checkbox"/> 24 Ga. <input type="checkbox"/> 26 Ga. <input type="checkbox"/> Other _____ <input type="checkbox"/> Aluminum: <input type="checkbox"/> .032 <input type="checkbox"/> .040 <input type="checkbox"/> Other _____ <input type="checkbox"/> Copper: <input type="checkbox"/> 16 Oz. <input type="checkbox"/> 20 Oz. <input type="checkbox"/> Other: _____
Fastening:	Fastener Size _____ Length _____ Fastener Rate _____ O.C.	

♦A new Metal Edge Warranty Request form is required for each Carlisle Total System Warranty.