

Warranty Inspection Request



To register the project, please complete all sections and return to Fielders at building commencing to obtain building inspection.

NAME : _____ COMPANY : _____

EMAIL ADDRESS : _____ PHONE : () _____ DATE: / /

PROJECT NAME : _____

PROJECT DESCRIPTION : _____

BUILDING ADDRESS : _____

LOCAL ENVIRONMENT: Inland Coastal Roof Pitch

BUILDING SIZE (Floor area in m²) : _____

DATE OF COMPLETION : _____

WARRANTY REQUEST : Watertight Concealed Fix Guarantee Screw Fix Guarantee

FIELDERS PROFILES

KingKlip® KF70® KingKlip 750® KF57®
 HiKlip® RF55® Corrugated CF210®
 TL-5/M/Clad Other : _____ Maximum sheet length (m) : _____

FIXING : Mk 2 (non cyclonic) Mk 3 (Cyclonic) Screws/Fixings

OTHERS :

Solar PV Hot Water Air-conditioning Ventilation
 Other : _____

ARCHITECT

Company : _____ Contact Name : _____

ENGINEER

Company : _____ Contact Name : _____

BUILDER

Company : _____ Contact Name : _____

FIELDERS APPROVED CONTRACTOR

Company : _____ Contact Name : _____

DEVELOPER / OWNER

Company : _____ Contact Name : _____