Claim Form

Customer Name_____ Date_____

Finishes Inv #_____

Contact Name_____ Phone:_____

Email_____

Material: _____Size_____SF_____

Reason for claim:

_____

_____

_____

Material location_____Installed Y_____N_____

Installation address_____

Date of Installation_____Design Finishes inspection date_____

Sample submittals: Y__N__Photos: Y___N___Independent Inspection_____

*Independent Inspection can only be authorized by Representative of Design Finishes. Please submit separate invoice if labor has been preapproved *

Claim results:

_____

_____

Design Finishes Representative:

_____Date:_____