



Warranty Application Form

Date of request _____

Name of Installation: _____

Address of Installation : _____

Installation Date : _____

Original material cost only: _____

Amount of Material Used : _____

Type of Material : _____

Berm Slope Ratio : _____

Contents to be contained :
_____ degrees F, or

_____ ambient temperature

_____ Solution pH range

Applicant : _____

Name : _____

Address : _____

Phone : _____

Contact : _____

Please return to Plastatech customer service when complete.

Fax 989.754.1626