



**Code Red Roofers**  
Customer Care Department  
1-844-4-CodeRed  
warrantyclaims@coderedroofers.com

LIC#CCC1326574

## Warranty Claim

Please Print Legibly

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: **FL**

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you the original contract holder?  Yes  No

Name of the previous owner: \_\_\_\_\_

Original contract was for:  Repair  Reroof  New Construction

Actively Leaking?  Yes  No

How long has it been leaking: \_\_\_\_\_ 1st time reporting leak?  Yes  No

Describe leak(s) with location(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Original Proposal Included?  Yes  No Date signed: \_\_\_\_\_

Copy of Warranty Included?  Yes  No Date Issued: \_\_\_\_\_

Pictures Included?  Yes  No email to warrantyclaims@coderedroofers.com

For office use only  
Research: WARR \_\_\_\_\_ PIFOT \_\_\_\_\_