

"The name trusted in roofing since 1906"



NOTICE OF COMPLETION

Contractor certifies that the roofing portion of project is complete and ready for inspection. Please contact your Mule-Hide Representative to arrange for a roof inspection.

Project Name: _____

Warranty No. _____

Actual Completion Date: _____

Name of Building Owner: _____

Contractor Name: _____

Accepted and Agreed to by: _____
(Signature must be an officer of the company)

Printed Name: _____

Title: _____

Date: _____

Please send completed notice to:

Mule-Hide Products Co. Inc
Attention: Warranty Department
P.O. Box 1057
Beloit, WI 53512-1057
FAX: 888-218-7838
EMAIL: mulehidewarranties@mulehide.com

FOR QUESTIONS, PLEASE CALL 800/786-1492