

Reuse Warranty Registration

STYROFOAM™ Brand DECKMATE™ Insulation products



Date: _____

Owner Information

Name: _____

Address: _____

City/State: _____ ZIP Code: _____

Phone: _____

Fax: _____

E-mail: _____

Building Information

Name: _____

Address: _____

City/State: _____ ZIP Code: _____

Roof Size (sq. ft.): _____

Membrane: _____

Membrane Warranty: _____

Roofing Contractor: _____

Intended Building Use: _____ Vapor Barrier: Y/N _____

Project Information

Project Start Date: _____

Project Completion Date: _____

Submitted by: _____

Title: _____

Company: _____

Address: _____

City/State: _____ ZIP Code: _____

Phone: _____

Fax: _____

E-mail: _____

Forward completed registration form to:

The Dow Chemical Company, 9 Sullivan Road, Holyoke, MA 01040-2800, Attention: Amy Dumais

Or email: afdumais@dow.com