



## **Advantage Fence Company Warranty Claim Form**

This form is designed to accompany your 5-Year Limited Workmanship Warranty. Submit it promptly (within 30 days of discovering the issue) to initiate a claim. You can fill it out digitally (in PDF/Word), print and scan, or email the completed version with supporting documents.

### **How to Submit**

Email to: [contact@advantagefencecompany.ca](mailto:contact@advantagefencecompany.ca)

Subject Line: Warranty Claim – Project [Invoice/Project Number]

### **Section 1: Customer / Property Information**

- Full Name: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_
- Property Address: \_\_\_\_\_
- City/Postal Code: \_\_\_\_\_

### **Section 2: Project Details**

- Original Invoice / Project Number:

\_\_\_\_\_

- Date of Completion (from invoice):  
\_\_\_\_\_
- Type of Fence / Project (e.g., Cedar Privacy, Chain Link etc):  
\_\_\_\_\_
- Original Owner? Yes / No (If No, provide proof of transfer)

### **Section 3: Description of the Issue**

Please describe the problem in detail (e.g., "Post leaning at rear gate," "2x4 loose on section 3," "Carpentry failure causing pickets to detach"). Include when you first noticed it and any actions taken:

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### **Section 4: Supporting Evidence** (Required for Processing)

Attach or describe:

- Clear photos (multiple angles) of the issue – at least 3–5 recommended
- Copy of original invoice / proof of purchase
- Any previous correspondence or maintenance records (if applicable)
- For transferred ownership: Proof of sale/transfer

Photos attached

Invoice attached

Other documents: \_\_\_\_\_

### **Section 5: Agreement & Signature**

I certify that the information provided is true and accurate. I understand this claim is for workmanship/installation defects only (not materials, natural weathering, or excluded events per the warranty). I agree to allow an inspection by Advantage Fence

Company at a mutually convenient time. If the claim is approved, repairs/replacements will be made at no cost under the terms of the warranty.

Signature: \_\_\_\_\_

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

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

**For Office Use Only** (Do not fill)

Claim Received: \_\_\_\_\_

Inspection Scheduled: \_\_\_\_\_

Outcome: \_\_\_\_\_

Notes: \_\_\_\_\_