



Warranty Registration Form

All fields required to complete registration.

Homeowner/Structure Owner Name: _____

Homeowner or Structure Address (Where roof was installed)

Homeowner/Structure Owner Mailing Address (If different from installation address)

Homeowner/Structure Owner Email Address: _____

Homeowner/Structure Owner Phone Number: _____

Contractor Company Name: _____

Contractor Address (if available) _____

Property Type: _____

Property Type – Single Family Home, Multi-Family Home, Business etc.

Date of Roof Installation: _____

Shingle Name: _____

Example: Supreme, Oakridge, Duration etc.

Shingle Color Name: _____

Number of Squares Installed: _____

Square = 3 bundles of shingles. If not known, please provide square footage of home.

Were any other Owens Corning products installed on the roof? (Not required to complete registration.)

Ventilation: _____

Hip & Ridge Shingles: _____

Ice & Water Barrier: _____

Starter Shingle: _____

Underlayment: _____

Please return this completed form to CustomerSolutions.Genpact@owenscorning.com . You will receive confirmation of your registration by email within 5 business days. Please be sure to check your spam folder. If you have questions, please contact answers.roofing@owenscorning.com .