



Internal Use

WT- \_\_\_\_\_

Reference # \_\_\_\_\_

Shingle Application Date \_\_\_\_\_

## IKO LIMITED WARRANTY TRANSFER DOCUMENT

**Procedure and Conditions:**

1. Complete all requested information
2. Transfer request must be requested by the Original Consumer/Purchaser only
3. Transfer request must be made within thirty (30) days of the real estate transfer
4. Enclose a copy of the real estate transfer document
5. Enclose a copy of the proof of purchase of IKO shingles that were installed on the property
6. Enclose a check or money order made payable to IKO Industries Inc. for \$100.00 (credit cards are not accepted)
7. Please return a copy of this form along with all the required documents and payment to:

**IKO Industries Inc.  
Attn: Warranty Services Department  
235 W. South Tec Dr.  
Kankakee, IL 60901-8426**

**Property Address:** \_\_\_\_\_  
\_\_\_\_\_

**Name and Phone Number of the Original Consumer/Purchaser:**  
\_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

**Name, Address and Phone Number of the second Property Owner:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I certify the above information to be true, correct and complete, and I understand that I may be subject to legal proceedings brought by IKO for any fraudulent statements.