



Transfer of Warranty

The Chance® Foundation Solutions Products 30-Year Limited Warranty (the “Warranty”) may only be transferred and assigned by a valid Warranty holder to such Warranty holder’s first transferee of legal title to the property, as more fully provided in the Warranty available at ChanceFoundationSolutions.com. To transfer the Warranty, please complete the requested information below and email it along with a copy of the Warranty Registration confirmation e-mail to: civilwarranty@hubbell.com.

Name of new Property Owner (please print): _____

Address of Product Installation: _____

City: _____ State: _____ ZIP/Postal Code: _____

Name of Contact Person for Property Owner (if different from Property Owner): _____

Email and Phone Number of Property Owner or Contact Person for Property Owner: _____

Date of legal title transfer: _____ Signature of Property Owner: _____

Name and Title of person signing (if Property Owner is entity): _____

STATE OF _____)

) SS.

COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, who acknowledged the execution of the foregoing Transfer of Warranty, and who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand and Notary Seal, this _____ day of _____, _____.

Signature: _____

Notary Public printed name: _____

My Commission Expires: _____ My County of Residence: _____

Name of **former** Property Owner (please print): _____

Signature of former Property Owner: _____

Name and Title of person signing (if Property Owner is entity): _____

STATE OF _____)

) SS.

COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, who acknowledged the execution of the foregoing Transfer of Warranty, and who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand and Notary Seal, this _____ day of _____, _____.

Signature: _____

Notary Public printed name: _____

My Commission Expires: _____ My County of Residence: _____

