

COLDWATER BRANCH
(Main Library)
10 E. Chicago St.
Coldwater MI 49036
(517) 278-2341
Fax (517) 279-7134

ALGANSEE BRANCH
580-B S. Ray-Quincy Rd.
Quincy MI 49082
(517) 639-9830

BRONSON BRANCH
207 N. Matteson St.
Bronson MI 49028
(517) 369-3785

QUINCY BRANCH
11 N. Main St.
Quincy MI 49082
(517) 639-4001

SHERWOOD BRANCH
118 Sherman St.
Sherwood MI 49089
(517) 741-7976

LUCILLE E. DEARTH
UNION TWP. BRANCH
195 N. Broadway St.
Union City MI 49094
(517) 741-5061

August 26, 2013

Keri Wallace
Chenoweth Roofing, Inc.
15307 M-60
P.O. Box 315
Three Rivers MI 49093-0315

Dear Ms. Wallace,


During the heavy rains last Thursday, August 22, two additional leaks have come to light that we would like to add to our warranty claim of August 9, 2013.

The first of these leaks are in the southwest corner of the building where there is a valley where several roof parts come together (see attached photos for location). I've also included a computer disc with a video file to show you the extent of this major leak.

The second new leak is on the north side of the building above the former entrance to the building. This is an area that Chenoweth has repaired once before, but is apparently needing further repair.

As of this morning, 8/26, we've had no reply from you from our letter of August 9. I look forward to hearing from you as soon as possible.

Sincerely,


John Rucker
Assistant Director



**3rd floor leak,
west side of
1979 portion of
building**



**New active leak (red)
above old main
entrance in local
history room**



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Keri Wallace
 Chenoweth Roofing, Inc.
 15307 M-60
 P.O. Box 315
 Three Rivers, MI 49093-0315

2. Article Number
(Transfer from service label)

7013 0600 0000 1307 6990

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Keri Wallace*

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Keri Wallace

C. Date of Delivery

- D. Is delivery address different from item 1?
-
- Yes
-
- If YES, enter delivery address below:
-
- No

3. Service Type

-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- C.O.D.

4. Restricted Delivery? (Extra Fee)

-
- Yes

