

11-Month Warranty Service Request

WARRANTABLE ITEMS YOU BELIEVE THE BUILDER IS RESPONSIBLE FOR AND ARE NOT HOMEOWNER MAINTENANCE ITEMS

Today's Date _____

Homeowner's Name _____

Address _____

Home Phone _____ Work Phone _____

Closing Date _____

ITEMS NEEDING REPAIR

WARRANTY
DETERMINATION

BE SPECIFIC

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |

Please sign when work is complete _____

Attention: Warranty Service Department _____

Builder Name _____

Address _____