

# 30-DAY 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

Access to your home (Check one)

- You will be home for scheduled appointment
- We have a key for access

ITEMS NEEDING REPAIR	WARRANTY ITEM	NORMAL HOMEOWNER MAINTENANCE	TO BE INVESTIGATED
BE SPECIFIC	(BOX TO BE CHECKED BY INSPECTOR)		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Please sign when work is complete

\_\_\_\_\_  
Attention: Warranty Service Department

\_\_\_\_\_  
Builder Name

\_\_\_\_\_  
Address