

11-MONTH WARRANTY SERVICE REQUEST

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



_____ 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) | | |
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_____ Please sign when work is complete

_____ Attention: Warranty Service Department

_____ Builder Name

_____ Address