

**WARRANTY REQUEST FORM**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

**INSTRUCTIONS:** Review your applicable warranty documents to determine if your problem is a warranty item or a homeowner responsibility. If your problem is a warranty item, fill out the section below, sign and date this form, and mail or fax it to Builder at the address and/or fax number identified in your contract.

**WARRANTY ITEMS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_