



Fax Completed form to:

WARRANTY SERVICE REQUEST FORM

619-696-7386

This form is used to document all maintenance request(s), and must be faxed or sent to the Warranty Service Department

Homeowners Name:	Date:	Days & Times at Home:
Address:	Unit #:	Home Phone #:
Project Name:	Work Phone #:	Cell Phone #:

ITEM #	LOCATION/ROOM	Please list each item separately and use as much space as necessary to describe each item.

All requested items will be inspected prior to scheduling repairs or replacements. Customer Service will apply current standards in rendering decisions on each item for eligibility for service and for repair/replacement.

Homeowner's Signature : _____ Date: _____

HOMEOWNER PLEASE NOTE:

1. Retain a copy for your records.
2. Inspection & repair appointments are made from 8:00am to 4:00 pm Monday through Friday.

All of the above items have been completed to my satisfaction.

Homeowner Signature: _____ Date: _____

CSR Signature: _____ Date: _____