



Pacific West
development

"Fulfilling Real Estate Needs Inside and Out"

HOMEOWNER WARRANTY SERVICE REQUEST FORM

DATE

TRACT

LOT NUMBER

PLAN TYPE

HOMEOWNERS FULL NAME

HOMEOWNERS ADDRESS

HOMEOWNERS PRIMARY PHONE NUMBER

HOMEOWNERS SECONDARY PHONE NUMBER

FOR OFFICE USE ONLY

SERVICE LETTER RECEIVED (DATE): _____

SERVICE REQUEST SENT (DATE): _____

WARRANTY PERIODS

CLOSE OF ESCROW (DATE): _____

14 DAYS FROM CLOSE OF ESCROW (DATE): _____

90 DAYS FROM CLOSE OF ESCROW (DATE): _____

1 YEAR FROM CLOSE OF ESCROW (DATE): _____

ITEM #	SERVICE REQUESTED (DESCRIPTION)	SUBCONTRACTOR NAME	COVERAGE	DATE COMPLETED	H/O INITIAL

CUSTOMER PLEASE NOTE	1. SERVICE CALLS ARE MADE MONDAY THROUGH FRIDAY FROM 8:30 A.M TO 4:30 P.M 2. WARRANTY SERVICE REPRESENTATIVE [] MAY OR [] MAY NOT ENTER YOUR HOME IN YOUR ABSENCE 3. PLEASE NOTIFY THE WARRANTY DEPARTMENT BY LETTER IF THESE CORRECTIONS AS NOTED BELOW ARE NOT COMPLETED 4. UPON COMPLETION OF THE ITEM (S) BELOW, PLEASE SIGN ON THE HOMEOWNER ACKNOWLEDGEMENT OF COMPLETION LINE AT THE BOTTOM OF THIS FORM
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HOMEOWNER AUTHORIZATION FOR SERVICE DATE

REQUEST REVIEWED BY DATE

HOMEOWNER ACKNOWLEDGEMENT OF COMPLETION DATE