



P.O. Box 489  
 Minden, Nevada 89423  
 O: (775) 782-9761  
 F: (775) 782-9763  
 Email: customerservice@syvcc.us

## CUSTOMER CARE WARRANTY REQUEST FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Lot #: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Community: \_\_\_\_\_  
 Email: \_\_\_\_\_ COE Date: \_\_\_\_\_

Best time to call: \_\_\_\_\_

General Warranty     60 Day Fit & Finish Warranty     11 Month Fit & Finish Warranty     POST Warranty

LIST OF CONCERNS	Warrantable	OWNER AGREES	
	YES/NO	INITIAL	DATE
1)	OFFICE USE		
2)	OFFICE USE		
3)	OFFICE USE		
4)	OFFICE USE		
5)	OFFICE USE		
6)	OFFICE USE		
7)	OFFICE USE		

**THERE ARE NO OTHER OPEN ITEMS AT THIS TIME**

Homeowner Signature: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Customer Care Signature: \_\_\_\_\_ Date Complete: \_\_\_\_\_

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*All service work is to be completed during our normal working hours, Monday through Friday, 7:30am to 3:30pm*