

_____ 2 MONTH HOMEOWNERS WARRANTY REQUEST
 _____ 10 MONTH HOMEOWNERS WARRANTY REQUEST

HOMEOWNERS NAME _____ DATE _____
 ADDRESS _____ CITY & STATE _____ ZIP _____
 DATE CLOSED _____ LOT / BLK _____ SUBDIVISION _____
 HOME # _____ OFFICE # (MR. / MRS.) _____
 EMAIL _____

OUR BUILDER'S WARRANTY IS LIMITED TO CORRECTION OF STRUCTURAL ERRORS AND MATERIALS FAILURE AND SHOULD NOT BE CONSTRUED AS A MAINTENANCE WARRANTY.

ITEMS NOT COVERED BY WARRANTY AFTER CLOSING:

<p>1. Cuts, Tears, Holes In (A) Carpet (B) Vinyl (C) Cleaning of Carpet</p>	<p>3. Concrete (A) Driveways (B) Sidewalks (C) Patios</p>
<p>2. Scratches or Dents in or on: (A) Appliances (B) Mirrors (C) Countertops (D) Cabinet Doors (E) Windows / Screens (F) Doors / Door Hardware (G) Walls / Sheetrock (H) Sinks / Plumbing Fixtures (I) Tubs / Showers (J) Wooden Floors (K) Light Fixtures</p>	<p>4. Stucco Foundation</p> <p>5. Landscaping and Shrubs (A) Trees (B) Grass Seed (C) Straw (D) Sod (E) Erosion Control</p>
	<p>6. Property Pins</p> <p>7. Miscellaneous (A) Touch Up Painting (B) Trash or Debris on property (C) Acts of Nature (lightning, smoke, hail, falling trees, etc.)</p>

THE BUILDER'S SOLE RESPONSIBILITY FOR LANDSCAPING IS TO INSURE PROPER SWALES AND DRAINAGE AWAY FROM THE HOME. LANDSCAPING IS AN ITEM THAT IS NOT COVERED UNDER THIS WARRANTY UNLESS STIPULATED ON THE HOMEOWNER ORIENTATION LIST PRIOR TO CLOSING.

X _____
 HOMEOWNER'S SIGNATURE DATE

HOMEOWNER
 ACCEPTANCE
 INITIALS

PLEASE LIST IN DETAIL ANY CONCERNS YOU MAY HAVE FOUND WHICH ARE COVERED UNDER THE ONE YEAR BUILDER'S WARRANTY. THE BUILDER'S WARRANTY DOES NOT AFFECT YOUR HOME WARRANTY COVERAGE.

				WARRANTY	NOT WARRANTED <small>(Per Complaint Representative Only)</small>
_____	FOYER & HALLWAY	(1) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		(2) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		(3) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	1/2 BATH	(1) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		(2) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		(3) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	LIVING ROOM	(1) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		(2) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		(3) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Only items stipulated on this form will be discussed at the Warranty Request appointment. No other items will be addressed at that time.

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_____ 2 MONTH HOMEOWNERS WARRANTY REQUEST
 _____ 10 MONTH HOMEOWNERS WARRANTY REQUEST

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**HOMEOWNER
ACCEPTANCE
INITIALS**

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		NOT WARRANTY WARRANTED <small>(For Concrete Representative Only)</small>	
		WARRANTY	WARRANTED
DINING ROOM	(1) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____	<input type="checkbox"/>	<input type="checkbox"/>
KITCHEN	(1) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____	<input type="checkbox"/>	<input type="checkbox"/>
BREAKFAST ROOM	(1) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____	<input type="checkbox"/>	<input type="checkbox"/>
LAUNDRY	(1) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY ROOM	(1) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____	<input type="checkbox"/>	<input type="checkbox"/>
STAIRWELL & UPSTAIRS HALLWAY	(1) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____	<input type="checkbox"/>	<input type="checkbox"/>
BEDROOM #1	(1) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____	<input type="checkbox"/>	<input type="checkbox"/>
BEDROOM #2	(1) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____	<input type="checkbox"/>	<input type="checkbox"/>
BEDROOM #3	(1) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____	<input type="checkbox"/>	<input type="checkbox"/>
MASTER BEDROOM	(1) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____	<input type="checkbox"/>	<input type="checkbox"/>
MASTER BATH	(1) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____	<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____	<input type="checkbox"/>	<input type="checkbox"/>

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X _____
HOMEOWNER'S SIGNATURE DATE

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HOMEOWNER'S SIGNATURE DATE

UPON COMPLETION OF THIS FORM MAIL TO THE APPROPRIATE ADDRESS.

_____ 2 MONTH HOMEOWNERS WARRANTY REQUEST
 _____ 10 MONTH HOMEOWNERS WARRANTY REQUEST

HOMEOWNERS NAME _____ DATE _____
 ADDRESS _____ CITY & STATE _____ ZIP _____
 DATE CLOSED _____ LOT / BLK _____ SUBDIVISION _____
 HOME # _____ OFFICE # (MR. / MRS.) _____

HOMEOWNER
ACCEPTANCE
INITIALS

PLEASE LIST IN DETAIL ANY CONCERNS YOU MAY HAVE FOUND WHICH ARE COVERED UNDER THE ONE YEAR BUILDER'S WARRANTY. THE BUILDER'S WARRANTY DOES NOT AFFECT YOUR HOME WARRANTY COVERAGE.

			WARRANTY	NOT WARRANTED <small>(For Corporate Representative Only)</small>
_____ 2ND BATH UPSTAIRS	(1) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ BONUS ROOM	(1) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ GARAGE	(1) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ BASEMENT	(1) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ FRONT EXTERIOR	(1) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ REAR EXTERIOR	(1) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ LEFT EXTERIOR (facing house from road)	(1) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ RIGHT EXTERIOR	(1) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ ROOF	(1) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(2) _____		<input type="checkbox"/>	<input type="checkbox"/>
	(3) _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ ADDITIONAL COMMENTS	_____		<input type="checkbox"/>	<input type="checkbox"/>
_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
_____	_____		<input type="checkbox"/>	<input type="checkbox"/>

The items listed are to be reviewed and corrected (if covered under the One Year Builder's Warranty) as part of the Homeowners Warranty Request. I have checked all items "NOT COVERED BY WARRANTY."

NO ORAL AGREEMENTS

We hereby acknowledge and understand that no oral agreements will be made or implied by anyone. Only items stipulated on this form will be discussed at the Warranty Request appointment. No other items will be addressed at that time.

X _____ X _____
 HOMEOWNER'S SIGNATURE DATE HOMEOWNER'S SIGNATURE DATE

THE ITEMS LISTED HAVE BEEN CORRECTED AND I ACCEPT THE WORK ON THESE FORMS AS BEING COMPLETED.

 HOMEOWNER'S SIGNATURE HOMEOWNER'S SIGNATURE

 CORPORATE REPRESENTATIVE DATE

UPON COMPLETION OF THIS FORM MAIL TO THE APPROPRIATE ADDRESS.