CRIMSON COVE HOMES

Warranty Request Form #2

(To be submitted prior to year-end ** Include drywall cracks, nail pops on this form**)

Date: _____ Job#: _____
Name: _____
Address: _____
Occupancy: _____ E-mail_____

Telephone Numbers
Home: _____ Work:_____ Work: _____

Usually Home during the Day: Yes: _____ No: _____

We request the following information to be repaired:
(Please be as specific as possible as to location and nature of warranty work to be completed.)

1. Check and adjust teleposts
2. Ventilation timer (if applicable) ensure it is still set at Crimson Cove Homes' standard settings
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____

**Should additional items be necessary, please attach a separate sheet*

_____
Signature of Homeowner

Warranty Department: Ph: 780-454-1844 ext 253 Fx: 780-454-1884 Email: warranty@crimsoncovehomes.com