

**Warranty Request Form #1**  
(To Be Submitted 4 Months after Occupancy)

Date: \_\_\_\_\_ Job#: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupancy: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone Numbers

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Work: \_\_\_\_\_

Usually Home during the Day: Yes: \_\_\_\_\_ No: \_\_\_\_\_

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**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\***

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Signature of Homeowner