

WARRANTY REQUEST FORM

Community: _____ Date: _____

Address: _____ Lot: _____ Plan: _____

Homeowner Name: _____

Home Phone: _____ Work Phone: _____

Best time to contact? _____

Permission to enter in my absence: Yes No

Warranty Request type: 30-day 11-month Other

Description of work requested (please print; if more than 7 items, attached separate sheet):

ITEM	LOCATION	DESCRIPTION
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Homeowner's Signature

Date

MAIL OR FAX TO: Cresleigh Homes Corporation, Customer Care Department
 3005 Douglas Blvd., Suite 110
 Roseville, CA 95661
 Phone: (800) 978-8945 Fax: (800) 978-8948