



WARRANTY REPAIR REQUEST FORM

Please complete information and fax to the number below or mail this form to the address below.

Office Use Only:

Date Received Call: _____ Date Home Closed: _____

Assigned To: _____ Date Call Closed: _____

Homeowner: _____ Home Phone: _____

Address: _____ Work Phone: _____

Community: _____ Cell Phone: _____

Best Place to call: Home Work Cell

Best Time to call: Morning Evening

Anglia Homes, L.P. Warranty Service works from 8:00 a.m. to 5:00 p.m. Monday through Friday. Please specify when you will be available to provide access to your home for inspection of these items by our warranty service representative and date repair work, if necessary, can occur.

Warranty Item: **(To be filled out by Homeowner)*

Resolution: *(To be filled out by Anglia Homes)*

| | |
|----------------------------|-------------------------|
| 1. _____ _____ _____ | _____ _____ _____ |
| 2. _____ _____ _____ | _____ _____ _____ |
| 3. _____ _____ _____ | _____ _____ _____ |

All warrantable items have been corrected in a satisfactory manner and the homeowner releases Anglia Homes, L.P. of all legal obligations with respect to the warrantable items. All non-warrantable items have been explained satisfactorily to the homeowner.

Homeowner Signature *(upon Completion of all items)* Date

Warranty Representative Signature Date

*Please, include description of the problem. If more space is needed, attach an additional page.

(Revised 8/18/2010)