



## WARRANTY REPAIR REQUEST FORM

Please complete information and fax or email this form to the appropriate address below.

Homeowner: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Community: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Preferred method of contact:  Email  Phone  Text

Best Place to call:  Work  Cell

Best Time to call:  Morning  Afternoon

Please note: Anglia Homes, L.P. Warranty Service operates from **8:00 a.m. to 5:00 p.m. Monday through Friday**. Your community superintendent will be in contact with you to schedule an appointment. If you are unable to provide access to the superintendent or vendors during warranty service hours, you will be asked to resubmit your request.

**HOMEOWNER INSTRUCTIONS: Include item description. Please attach an additional page if more than 5 items.**

*As items are addressed, initial "Complete" for fixed items or "NonW" for non-warrantable items.*

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

	Complete	NonW
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>

Homeowner Signature *(upon submitting)* \_\_\_\_\_ Date \_\_\_\_\_

Warranty Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing below upon completion of all items, you acknowledge that 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)* \_\_\_\_\_ Date \_\_\_\_\_

Warranty Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:**

Date Received Call: \_\_\_\_\_

Date Home Closed: \_\_\_\_\_

Assigned To: \_\_\_\_\_

Date Call Closed: \_\_\_\_\_