



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: _____