



2169 Lawrenceville Highway
Suite 200
Lawrenceville, GA 30044
770-963-0359 FAX: 770-963-0056

Request for Warranted Service

DATE: _____
CLOSING DATE: _____

Mr. Mrs. Miss

Mr. Mrs. Miss

HOMEOWNER #1 LAST NAME: _____

HOMEOWNER #2 LAST NAME: _____

FIRST NAME: _____

FIRST NAME: _____

HOME PHONE: _____

WORK PHONE: _____

WORK PHONE: _____

MOBILE PHONE: _____

MOBILE PHONE: _____

SUBDIVISION: _____

LOT #: _____

STREET ADDRESS: _____

CITY/ST./ZIP: _____

PLEASE REVIEW WARRANTY DOCUMENTS BEFORE USING THIS FORM!

SINCE MY "WALK-THRU" I HAVE NOTICED THE FOLLOWING ITEMS I FEEL NEED ATTENTION. IF THESE ITEMS ARE COVERED UNDER MY WARRANTY, I WOULD LIKE TO CORRECT THEM AS SOON AS POSSIBLE.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I UNDERSTAND THAT WORKING HOURS ARE FROM 8:00 A.M. TO 5:00 P.M., MONDAY THROUGH FRIDAY, AND WILL ARRANGE TO HAVE SOMEONE AT HOME DURING THIS TIME.

- There is always someone at home, but please call before coming by.
- There is always someone at home on _____, please call first.
- There is never anyone at home on _____.

I acknowledge that I have read and understand the Richardson Housing Group Warranty and agree to its provisions.

HOMEOWNER'S SIGNATURE

BEST # TO BE REACHED