



1515 VISTA LANE, CLARKSVILLE, TN 37043  
 OFFICE: 931-552-2228 FAX: 931-552-2593

## New Home Warranty Request Form

Date:	Name:
Address:	Phone:
Email:	Closing Date:

All warranty requests must be submitted in writing. We asked that you use this form for all your warranty service requests. Verbal request made by telephone will not be accepted, except in the case of extreme emergencies.

General maintenance matters, which are the responsibility of the homeowner, will not be considered as a warrantable item. Please reference your NAHB Construction Performance Guidelines for clarification of what is covered. Please detail in the space provided below, the nature of the item requiring attention. Please be as specific as possible.

No.	Location	Item(s)

**Appointment Preference:**

Best Day(s):         Monday      Tuesday      Wednesday      Thursday      Friday

Best Time(s):         8:00am-11:00am      11:00am-2:00pm      2:00pm-5:00pm

Date Received:	Assigned To:
Date Completed:	Homeowner Initials: