

11 Month Warranty Service Request Form

Warrantable items you believe the builder, Select Homes Inc., is responsible for and are not Homeowner maintenance items.

Today's Date _____

Owner's Name _____

Address _____

City/State/ZIP _____

Home Phone _____ Work Phone _____

Your Closing Date _____ Access to Your Home (Check One):

- You will be home for scheduled appointment
- We have a key for access

Items Needing Repair - Be Specific	Warranty Item	Normal Homeowner Maintenance <small>✓ (Box to be checked by Inspector)</small>	To Be Investigated
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Sign When Work is Complete _____



Attn: Warranty Service Department
 Select Homes, Inc.
 16531 13th Avenue West
 Suite A107
 Lynnwood, WA 98037-8500

