

HARRIS & DOYLE

H O M E S

Property Owner _____

Address _____

Phone _____

Page _____ of _____

Date _____

WARRANTY REQUEST FORM

30 day

11 month

Emergency

LINE	LOCATION	DESCRIPTION	COMPLETE DATE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Please validate each Warrantable Claim against your Warranty Guide. Any item corrected that is not valid warranty claim will be billed to HomeOwner. Additional items are not allowed to be added to this list once turned in.

Homowner Signature _____

*Please fax form to (205) 982-2720.
A representative from Harris and Doyle Homes will contact you within 48 hours of receipt of the warranty request form.*