

Property Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_



**WARRANTY REQUEST FORM**

Page \_\_\_\_\_ of \_\_\_\_\_

Date \_\_\_\_\_

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 24 hours of receipt of  
the warranty request form.*