90 Day Request ____

11 Month Request____

HOMEOWNER SERVICE REQUEST FORM

Quail HOMES
A Fortress Company

With the exception of emergencies, all requests for service must be in writing. Please use this form to notify the Homeowner Service Department of any service items. Mail the white and yellow copies to the above address. We will contact you to set an inspection appointment. Service hours are 8:00 am to 4:00 pm, Monday through Friday. You will be asked to sign for completed work when repairs are made. Please list only one item per line.

Homeowners Name (s)		Date Submitted	
Community		Closing Date	
Address		Date Reviewed	
Phone	Home:	Date to Field	
	Work(Name):	Lot	
	Work(Name):	Plan#	

Sub	Items to be repaired- *Please be descriptive and note exact locations* :	W/C	H/O	N/C	H/O Initial	Builder initial
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					

Warranted items above have been explained to me. I Authorize the work to be done. All agreed upon work is in Writing.

_____
Homeowner Signature Date

I acknowledge the work described above has been performed.

_____
Homeowner Signature Date