

11 MONTH Dakota Inc.

CUSTOMER REQUEST FOR WARRANTY SERVICE

DATE OF REQUEST: _____ DATE RECEIVED IN OFFICE: _____

HOMEOWNER: _____

ADDRESS: _____

PHONE NUMBER (Home) _____ PHONE NUMBER (Office) _____

Note: This is your warranty request. IT DOES NOT COVER MAINTENANCE SERVICE (i.e. caulking of any kind; back-splash on counter tops; repainting and touching up scuff marks replacing dead trees, shrubs or sod if they were living at the time of closing; scratches, chips cracks and marks in any of the following - tile, hardwood floors, wood trim, porcelain, marble or Formica tops.) Please keep this in mind when filling out this form. In addition, roof and structural repairs due to conditions or circumstances beyond our control are not covered. These types of problems should be discussed with your insurance agent.

THE FOLLOWING ITEMS NEED WARRANTY SERVICE:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Your attention to the above items is appreciated.

Sincerely: _____

Sub contractor, please return to DAKOTA office after completion.