

## Customer Service Request Form

Please only fill in the highlighted sections

Homeowner Name:				Date:			
Address:			City:			Zip Code:	
Community Name:							
Lot Number:			E-mail:				
Home #:			Work #:		Cell #:		
Best time/person to call:				At which number:			

**IMPORTANT NOTE:**

We will make minor repairs, such as sticking doors, cabinet drawer adjustments, tile caulking and the like, only if brought to our attention in writing on or before thirty (30) days following the close of the Limited Warranty given at the close of escrow. Please refer to the terms and conditions of the Limited Warranty.

Item #	Room Location	Please list each item separately and describe in detail	Initials	Date Complete

**All Warranty Service Requests will be inspected prior to scheduling repairs or replacements. D.R. Horton will apply current standards in making decisions on each item for eligibility for service and for repair/replacement.**

1. We recommend that you retain a copy of this completed form for your records.
2. Service calls are made Monday through Friday between the hours of **8:00 am & 4:00 pm.**
3. Please use this form only when submitting for Warranty Work. Homeowner maintenance or cosmetic items will not be accepted.

<b>Office Use Only:</b> W.O. _____ COE: _____
---

All items on this form have been satisfactorily completed.  _____ Homeowner Signature
--