

SERVICE REQUEST FORM



Phone: _____

Date: _____ Original Close of Escrow: _____

Homeowner Name: _____

Address: _____

Community: _____ Lot #: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Dates and Time at Home: _____

HOMEOWNER PLEASE NOTE:

1. Service calls and repairs are made from 8:00 a.m. to 4:00 p.m. Monday through Friday.
2. Refer to your Homeowner's Manual or our website for emergency procedures.

Service Requested	Trade Responsible	Warrantable (Y/N)	Date Completed	Homeowner Initial

Initial Visit

I acknowledge that the list above contains all the services that are needed at this time.

Homeowner Signature: _____

Date: _____

Follow-up

All of the above services that are covered by the warranty have been completed to my satisfaction.

Homeowner Signature: _____

Element Homes Signature: _____

Date: _____

Date: _____