

2420 Pacific Ave Forest Grove, OR 97116 Office 503.357.8587 Fax 503.992.2301 CCB#154184 Federal ID #93-1261750

## **Customer Service Request Form**

Please fill out this form for any home warranty work requested

Name:		Date:
Home Phone:	Office/I	Mobile Phone:
Subdivision:	Lot #	Email Address
Property Address:		Close Date:
Description of the warranty work req	juested (inclu	ide its specific location in your home):
1		
2		
3		
4		
5		
6		
7		
8		
For warranty service please complete this for A customer service representative will contain the Please sign below when all requests	act you for an a	
X		
Homeowner		

It is required of the homeowner to be present during the agreed upon warranty appointment window. Any missed appointments by the homeowner will result in a charge for a return trip by the trade. Warranty appointments are scheduled weekdays, Monday thru Friday 8am-5pm. Our appointments are scheduled in two to four hour appointment windows. If multiple attempts to contact and schedule an appointment without a response from the homeowner within 30 days, the warranty will be voided. Homeowner will need to resubmit a warranty requests when their schedule becomes available.

Customer Service Representative