



Appointment DATE	Appointment TIME
---------------------	---------------------

### 11 MONTH WARRANTY REQUEST

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ LOT# \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CLOSE DATE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Complete the shaded description part only of this form and the K Homes Quality Control Representative will review this with you at your service appointment

Item #	DESCRIPTION OF ITEMS TO BE INSPECTED Note: Non-shaded areas for Quality Control Repres.	COVERED	NOT COVERED	REPAIR OR REPLACE	CUSTOMER AGREES COMPLETE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

\_\_\_\_\_  
Homeowner Signature & Date

\_\_\_\_\_  
Quality Control Representative Signature & Date