



Warranty Service Request

WARRANTY 30 DAY 60 DAY 11 MONTH (YEAR END)

With the exception of specified emergencies, all requests for service **must be in writing**. Please use this form to notify us of warranty items. Mail or fax this to our office. We will contact you to set up an inspection appointment. Service appointments are available from 7:30 a.m. to 3:30 p.m., Monday through Friday. Thank you for your cooperation.

NAME _____ DATE _____

ADDRESS _____ LOT # _____

HOME TELEPHONE _____ WORK TELEPHONE _____

E-MAIL _____ FAX _____

CLOSING DATE _____

SERVICE REQUESTED

BUILDER RESPONSE

	WARRANTY	COURTESY	MAINTENANCE

COMMENTS _____

HOMEOWNER SIGNATURE

SCHEDULED

DATE

DATE

ALL ITEMS ABOVE HAVE BEEN COMPLETED: _____
HOMEOWNER SIGNATURE

Mail or fax to:

Warranty Service Department
AmberGlen Townhomes, LLC
5 Centerpointe Drive, Suite 280
Lake Oswego, Oregon 97035

FAX: 503-620-9965