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CUSTOMER CARE WARRANTY REQUEST FORM

Name: _____ Date: _____
 Address: _____ Lot #: _____
 Phone: _____ Community: _____
 Email: _____ COE Date: _____
 Best time to call: _____

General Warranty 60 Day Fit & Finish Warranty 11 Month Fit & Finish Warranty POST Warranty

LIST OF CONCERNS	Warrantable	OWNER AGREES	
	YES/NO	INITIAL	DATE
1)	OFFICE USE		
2)	OFFICE USE		
3)	OFFICE USE		
4)	OFFICE USE		
5)	OFFICE USE		
6)	OFFICE USE		
7)	OFFICE USE		

THERE ARE NO OTHER OPEN ITEMS AT THIS TIME

Homeowner Signature: _____ Inspection Date: _____
 Customer Care Signature: _____ Date Complete: _____

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