CaliforniaWest
COMMUNITIES

5927 Priestly Drive, Suite 103
Carlsbad, CA 92008
tel: 760-918-6768 fax: 760-918-6749

SERVICE REQUEST

Escrow Date: _____ Date: _____

In order to systematically handle warranty service requirements, we ask that you use only this form. **NO TELEPHONE CALLS OR VERBAL CONVERSATIONS WITH FIELD PERSONONNEL WILL BE ACCEPTED.** Please describe the nature of the items requiring attention.

Owner's Name: _____ Home Phone#: _____

Address: _____ City: _____ _ Work Phone: _____

Project Name: _____ Lot#: _____ Plan: _____ Tract#: _____

Item#	Description	Vendor	Completed Date

Please list the times you are available at home: _____ AM _____ PM

HOMEOWNER'S SIGNATURE: _____

The undersigned hereby certifies that all items set forth above have been corrected.

HOMEOWNER'S SIGN OFF _____ ___ Date: _____
(sign only after the work has been completed)