



# 45 Day Warranty Request

Appointment Date	Appointment Time

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Lot# \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Close Date \_\_\_\_\_

Email \_\_\_\_\_

Complete the description part of this form and the JOHN HENRY HOMES Quality Control Technician will review with you at your warranty appointment.

ITEM #	DESCRIPTION OF ITEMS OT BE INSPECTED <small>Note: Shaded area for Quality Control Technician comments</small>	COVERED	NOT COVERED	REPAIR OR REPLACE	CUSTOMER AGREES COMPLETE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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

\_\_\_\_\_  
Quality Control Technician Signature and Date