WARRANTY SERVICE REQUEST FORM

BUYER'S NAME ______________________ DATE ____________________________

ADDRESS ___________________________ LOT ____________________________

HOME PHONE _______________________ WORK PHONE __________________

DATE OF SERVICE __________________ SETTLEMENT DATE ______________

LIST OF ITEMS THAT HOMEOWNER REQUESTS ACTION TO BE TAKEN IN CONJUNCTION WITH THE TERMS OF THE LIMITED WARRANTY PROGRAM:

ROOM / LOCATION	**DESCRIPTION**

To assure prompt and efficient warranty service, familiarize yourself with the RWC Limited Warranty Booklet in your Homeowner's Manual, list discrepancies and/or questions in detail, and make yourself available to meet with the Customer Care Manager (if needed) to review items listed and to sign off once work has been satisfactorily completed. Service work is performed during normal business hours.

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Homeowner's Signature Date

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Please Note: This form is only to be used if items listed above cannot wait for 30-Day and/or 10-Month Reviews.

REV. 06/28/07