



## WARRANTY SERVICE REQUEST

Warrantable items you believe the Builder is responsible for and are not Homeowner maintenance items.

**The following items are not covered under warranty:**

**Exterior or Interior Paint      Exterior or Interior Caulking      Screens / Rips**  
**Irrigation/Sod                      Vinyl Rips                              Chips or Dents on appliances**  
**Chips or scratches on vanity Sinks or Tubs**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                 MM    DD    YY

### HOMEOWNER INFORMATION

Community: *Please check one*

<input type="checkbox"/> Chandler Ridge Phase I	<input type="checkbox"/> Chandler Ridge Phse II	<input type="checkbox"/> Crystal Creek
<input type="checkbox"/> Randa Ridge	<input type="checkbox"/> Rose Hill	<input type="checkbox"/> Saratoga Park

Date of Closing: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                 MM    YY

Lot Number: \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### DESCRIPTION OF WARRANTY ITEM (S) -Please list each item separately:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### AVAILABILITY

There must be someone present for us or our subcontractors to enter your home. Please give us days and times of your availability from Monday through Friday between the hours of 7:00am and 3:30pm.

Choice 1: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_am/ pm

Choice 2: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_am/ pm

### COMPLETION OF WORK

I agree that all of the above items have been completed to my satisfaction.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM    DD    YY

**Mail To:** Nicholson Homes, 870 Sunshine Lane Altamonte Springs Fl. 32714 **Fax: (407)423-3701**  
**Attn: Shelley Lorenz /shelley@nicholsonhomes.com**