Silverwing Development
Higher Standards. Better Value.

CA Office:1401 Willow Pass Rd, Suite 1020, Concord, CA 94520
Phone (925) 680-1620 ext. 206 ● Fax (925) 686-2626
NV. Office: 9480 Gateway Drive, Reno, NV 89521
Phone (775) 324-1700 ext.3 ● Fax (775) 324-3957

HOMEOWNER'S WARRANTY SERVICE REQUEST

DATE:_____ COMMUNITY NAME: _____ LOT #_____

NAME:_____ HOME PHONE:(____)_____

ADDRESS:_____ ALTERNATE PHONE:(____)_____

CUSTOMER PLEASE READ:

1. Before requesting service, please refer to your HOMEOWNERS WARRANTY MANUAL to confirm warranty coverage. A MINIMUM $150.00 SERVICE CHARGE WILL BE LEVIED FOR ITEMS NOT COVERED UNDER WARRANTY.
2. All service items MUST be in writing and listed separately below. This form MUST be MAILED to the above address OR FAXED to be confirmed. Any service requests left at the sales or construction office will not be accepted.
3. Service calls are scheduled Monday through Friday from 8:30AM to 3:00PM.
4. An adult MUST be present at the time repairs are made or a permission to enter form on file.
5. After the repairs are made, you are to sign off to acknowledge the repair is made and return to Silverwing via mail or fax.
6. If Homeowner misses a scheduled appointment a minimum Service Fee of $100 plus any costs incurred by Seller from third parties will be billed to the Homeowner.

Item #	DESCRIPTION OF SERVICE ITEM (Please be as specific as possible)

WORK REQUESTED:

Homeowner Signature: _____ Date:_____

WORK COMPLETED TO SATISFACTION:

Homeowner Signature: _____ Date:_____

Submit white copy of Service Request BY MAIL OR FAX and keep yellow copy for your records.

White: Customer Service Main Office Yellow: Homeowner