WARRANTY SERVICE REQUEST FORM

JKB LIVING, INC.

WARRANTY SERVICE DEPT P.O. BOX 2998 TURLOCK, CA 95381-2998 OFFICE (209) 632-2647 FAX (209) 667-2742

DATE:/					FAX (209) 667-2742
HOMEOWNER:		PH#: hm	wk	cell:	warrantyadmin@jkbliving.com
ADDRESS:		SUBDIVISION	LOT:	PLAN:	ELEV:
BEST DATE FOR REPRESENTATIVE TO CONTACT YOU			TIME	ESCROW	_
A JKB Living representation Subcontractors may contractors.	needed and mail, fax or email this fo tive will schedule an inspection of ye tact you directly for appointments. se is accessible to the service wo 8:00am to 4:00pm).	our home and order the			Warranty Service Request Emergency Service Request
Work performed by		Describe problem 8	& location		Work Completed
Homeowner	Date / /	Homeowner		Date / /	
Builder Representative I (representing the builder) agree	Date / / to have the above items corrected in a rea	asonable, prompt manner.			
I (we) have rein	DECi spected the home & agree all items noted		ICE OF SERVICE REQUES d above) have been correcte		
Homeowner	Date / /	w	arranty received		date int
Homeowner	A _I	opointment Scheduled		date int	
Builder Representative Date / /			ork Orders Sent		date int