

PLEASE MAIL OR FAX TO:

MILESTONE CUSTOM HOMES, INC.
WARRANTY REQUEST/INSPECTION

MileStone Custom Homes, Inc.
2106 Corporate Drive
Boynton Beach, Fl 33426
Fax: 561-509-9025

COMMUNITY/LOT: _____
HOMEOWNER: _____
STREET ADDRESS: _____
PHONE #: (Home) () - (Work) () -
E-MAIL: _____

Dear Warranty Representative: We are requesting warranty performance on the items listed below for our new home.

INSTRUCTIONS: Please complete column "A" below. Columns "B" and "C" will be completed by a MCH Representative after the items are inspected. Column "D" to be initialed by Homeowner upon completion of the work.

NOTE: EXCEPT IN AN EMERGENCY, ALL REQUESTS MUST BE MAILED TO MILESTONE CUSTOM HOMES OFFICE.

	(A) DESCRIPTION	(B) INSPECTORS COMMENTS	(C) SUB.	(D) COMPLETE HO INIT
1				
2				
3				
4				
5				
6				

Please be advised that: (Please Check One)

_____ Someone is usually home during the day _____ Some one will stay home by appointment

HOMEOWNER: _____ Date: _____

******TO BE COMPLETED AFTER ITEMS ARE INSPECTED******

The above items represent the agreed upon resolution of your warranty request. MileStone Custom Homes, Inc. will endeavor to complete these items within 30 days. I, the Homeowner, will acknowledge completion of individual items by initialing and dating column D above.

HOMEOWNER: _____ DATE: _____
MILESTONE'S Warranty Rep: _____ DATE: _____

MCH USE ONLY

Date Rec'd:
Date work orders issued:
Subcontractor Note:
Date work completion due: