SANCTUARY BUILDERS
LLC

WARRANTY SERVICE REQUEST

Name/Primary Contact _____
Address_____
Preferred Contact #_____☐Home ☐Work ☐Cell
Alt. Contact # _____☐Home ☐Work ☐Cell
Email_____

Request Date_____
Community_____
Lot #_____
Closing Date_____

This is a(n) ☐ Emergency ☐ 60-Day Walkthrough request ☐ 1 Year Walkthrough request

Please use this form to notify us of warranty items. Email (david@SanctuaryBuilders.com) or fax (303.672.9201) the completed form to our office. We will contact you to set an inspection appointment.

Please note that if you are unable to meet with Sanctuary Builders within 14 calendar days of submission, this warranty request will expire and you will need to submit a new request.

SERVICE REQUESTED

ITEM #	DESCRIPTION

The above items are requested by the homeowners to be corrected by Sanctuary Builders, LLC.

Comments (vacations, special requests):

_____
_____
_____
_____

_____
Homeowner Signature Date