

BIRCHWOOD PARK WARRANTY REQUEST/INSPECTION

PLEASE MAIL TO:

BIRCHWOOD PARK
9400 Signal Station Drive
Manassas, VA 20111
ATT: Warranty Dept.
~~or Delivery to Service Trailer~~

COMMUNITY: _____ LOT#: _____
HOMEOWNER: _____
STREET ADDRESS: _____
PHONE NO.: Home _____ Work _____
SETTLEMENT DATE: _____

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

Please be advised that (Please Check One)

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

HOMEOWNER _____ DATE _____

INSTRUCTIONS: Please complete column 2 below. (If more than six (6) items are needed, please use additional forms) Columns 3 and 4 will be completed by a Birchwood Representative after the items are inspected. Column 5 to be initialed by Homeowner upon completion of the work. **NOTE: EXCEPT IN AN EMERGENCY, ALL REQUESTS MUST BE SUBMITTED TO THE WARRANTY DEPARTMENT BY USE OF THIS FORM. PLEASE KEEP GOLD (LAST) COPY FOR YOUR REFERENCE**

(1)	(2) DESCRIPTION	(3) INSPECTOR'S COMMENTS	(4) DISPOSITION*	(5) COMPLETE - HOMEOWNERS INITIAL
1				
2				
3				
4				
5				
6				

DISTRIBUTION

- White - Birchwood Warranty Dept.
- Canary - Main Office
- Pink - Homeowner after completion
- Gold - Homeowner at submittal

*** DISPOSITION KEY (AFTER INSPECTION)**

- (A) Item agreed to. - *Work will be scheduled*
- (B) Item responsibility of Condo Assoc. or I.O.A - *Please contact them*
- (C) Item not part of warranty or beyond scope of Builders responsibility
- (D) Item beyond warranty period

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

The above represents the agreed upon resolution of your warranty request. Birchwood Park will endeavor to complete agreed items within thirty (30) days. I, the Homeowner, will acknowledge completion of individual items by initialing and dating column 5 above when completed.

HOMEOWNER: _____
BIRCHWOOD PARK, Warranty Rep.: _____

DATE: _____
DATE: _____