Seattle Pacific Homes, Inc. 1-Year Service Report

P.O. Box 123 Marysville, WA 98270 Office: 360-657-4144 Fax: 360-657-4399

Buyer: _____ Orientation Date:_____
Lot #: _____ Closing Date: _____
Plat: _____ Move In Date: _____
Address:_____ Home Phone#:_____
_____ Work Phone#: _____

- Please list requests for repair below.
- Describe in detail and refer to your Warranty Section to locate the page, section, and number of the item in the Warranty Standards Section (see sample below).
- Mail the white and the yellow copies to Seattle Pacific Homes, Inc at the address above.
- In order to facilitate these repairs, you must provide full access to your house during normal business hours (7:30-4:30,M-F).
- This report will only be accepted in the first 12 months after closing. We appreciate your cooperation in this process.

ITEM #	DESCRIPTION	WARRANTY STANDARDS			
		Page	Section	Number	Office Use
1	Example: Leaking Plumbing Fixture	17	I	1b	

Seattle Pacific Homes, Inc will contact you to confirm receipt of this report.
Your report will be reviewed by our Service Coordinator, who will initiate processing.

For Office Use Only

Received _____

Assigned to

Do not sign until all repairs have been completed

Buyer Signature _____
Date

White-Office, Yellow-Field, Pink-Homeowner