



# WARRANTY REQUEST FORM

DATE        /        /         
MM DD YYYY

<i>Office Use</i>

\_\_\_\_\_  
 HOMEOWNER NAME

\_\_\_\_\_  
 COMMUNITY NAME

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 CITY

\_\_\_\_\_  
 STATE

\_\_\_\_\_  
 ZIP CODE

\_\_\_\_\_  
 PHONE

\_\_\_\_\_  
 EMAIL

*To assure prompt and efficient warranty service, review and familiarize yourself with the Limited Warranty. Please list requests in detail and submitted photos to assist in the resolution of your warranty case. Upon receipt, a Warranty Manager will review your request and determine if your items fall under the 30-day or 1-year Limited Warranty and will work with you and trade partners to complete necessary warrantable work.*

*Please have a Homeowner or your Designated Representative available to meet with Field Representatives and allow Trade Partners entry to your home to complete work.*

#	ROOM	DESCRIPTION <i>(Please be as detailed as possible)</i>	SIGN OFF
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

EMAIL WARRANTY REQUEST TO:  
[WARRANTY@BATESHOMES.COM](mailto:WARRANTY@BATESHOMES.COM)

***Please consult your Limited Warranty for Emergency procedures & contacts to expedite repairs.***