



CaliforniaWest
COMMUNITIES

5927 Priestly Drive, Suite 110, Carlsbad, CA 92008

760-918-2827 FAX 760-918-6762

SERVICE REQUEST

ESCROW CLOSING DATE

DATE

In order to systematically handle warranty service requirements, we ask that you use only this form. **NO TELEPHONE CALLS OR VERBAL CONVERSATIONS WITH FIELD PERSONNEL WILL BE ACCEPTED.** Please describe the nature of the items requiring attention.

OWNER'S NAME

HOME PHONE #

ADDRESS

CITY

WORK PHONE #

PROJECT NAME

LOT #

PLAN

TRACT NO

ITEM #	DESCRIPTION	VENDOR	COMPLETED DATE

Please list the times you are available at home _____ **AM** _____ **PM**

HOMEOWNER'S SIGNATURE

The undersigned hereby certifies that all items set forth above have been corrected.

HOMEOWNER'S SIGN OFF *(sign only after work has been complete)*

DATE