



CUSTOMER WARRANTY REQUISITION

Harbourside Custom Homes

PLEASE MAIL TO:

Harbourside Custom Homes
Attn: Warranty Dept.
8200 Health Center Blvd., Suite 104
Bonita Springs, FL 34135

Phone: 239-949-0200
Fax: 239-949-3339

HOMEOWNER: _____ DATE: _____

COMMUNITY: _____

ADDRESS: _____

PHONE: (Home) _____ (Other) _____

EMAIL ADDRESS: _____

CLOSING DATE: _____ WARRANTY EXP. DATE: _____

INSTRUCTIONS: Please complete and email, fax or mail to Harbourside Custom Homes Warranty Dept. **NOTE:** Phone calls will only be accepted in an emergency.

ITEM #	TYPE (HCH Use Only)	ROOM / LOCATION	DESCRIPTION
1			
2			
3			
4			
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11			
12			
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