



*"Making Life Easier for You"*

## TOUCH-UP REQUEST FORM

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*If attention is needed to any area covered under our Warranty, complete this form and mail to our office in the envelope provided. Allow us at least two weeks to schedule a time to return to your property. We will contact you to schedule a convenient time to meet with you.*

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Foreman: \_\_\_\_\_

Areas Needing Attention	Color
1.	
2.	
3.	
4.	
5.	

*The above noted areas have been completed up to my standards according to the terms of my warranty.*

Customer Signature: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Foreman Signature: \_\_\_\_\_