HOMEOWNER SERVICE REQUEST FORM

PLEASE BE AVAILABLE WITHIN THE NEXT FIVE BUSINESS DAYS TO ALLOW YOUR SUPERINTENDENT TO COMPLETE THIS SERVICE REQUEST

DATE:_____

(for office use only)

JOB #_____

CD_____

Issued_____

Due_____

Homeowner Information:

Name: _____

Address: _____

_____

*Telephone: _____ (H) _____ (W)

_____ (CELL)

**** Please circle best contact number during business hours* (H, W, or Cell)***

Our goal at Portrait Homes is to make your experience of home ownership a pleasant one. In the event that you require any follow-up service during your first year of ownership, please consult your Homeowner's Manual to verify coverage. After consulting the manual, should you determine that service coverage is in effect for the concern(s) in question, please use this form to notify us at:
Portrait Homes, 9111-100 Monroe Road, Charlotte, NC 28270 (or you may fax to (704) 849-2225)
Please note that in the event that you require any follow-up service relating to your heating/AC, plumbing or electrical systems, or to your home appliances, you should refer to the appropriate contractor's service number provided on the Customer Service List posted on your water heater. Call the appropriate contractor and send this form in to Portrait Homes.

Room	#	Description	Completion Date	H.O. Initials (REQUIRED)

THE ABOVE ITEMIZED FOLLOW-UP AND/OR SERVICE HAS BEEN COMPLETED AND INSPECTED BY BOTH THE HOMEOWNER AND A PORTRAIT HOMES SERVICE REPRESENTATIVE. BY SIGNING THIS VERIFICATION FORM, THE HOMEOWNER HEREBY ACKNOWLEDGES THAT

THE ABOVE LISTED ITEMS ARE COMPLETED,

AND INCLUDE ALL FOLLOW-UP AND/OR SERVICE REQUIRED AT THIS LOCATION.

Please let us know how clean we left your home ---(circle one)

Very Clean Satisfactory Not Clean

_____ _____

(Homeowner s Signature - **UPON COMPLETION OF ITEMS ABOVE**) (Date Completed)

_____ _____

(Portrait Homes Service Representative — **WITNESS REQUIRED**) (Date Completed)