

Construction Warranty Claim Form

Claimant Information:

- Name: _____
- Contact Number: _____
- Email Address: _____

Property Details:

- Address: _____
-

- Type of Construction: _____

Warranty Details:

- Warranty Number: _____
- Date of Warranty Activation: _____
- Expiration Date: _____

Issue Reported:

Area Affected	Issue Description	Severity Level	Suggested Resolution
		<input type="checkbox"/> High	<input type="checkbox"/> Repair
		<input type="checkbox"/> Medium	<input type="checkbox"/> Replacement
		<input type="checkbox"/> Low	<input type="checkbox"/> Refund
		<input type="checkbox"/> High	<input type="checkbox"/> Repair

Attachments Included:

- **Photos of the Issue**
- **Original Construction Agreement**
- **Proof of Warranty**

Additional Comments:

Signature: _____

Date: _____