



Alta Homes LLC

Service Request Form 1-1

Home Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Closing Date: _____ Subdivision: _____

Home Owner Day Time Phone#: _____

E-Mail Address: _____

Warranty Request: YES: _____ NO: _____ Unsure: _____

Please send this form to Alta Development Group LLC and read the Alta Homes/Alta Development Group Warranty Information. Please contact someone from our team to determine if your repair request falls under our warranty coverage. If you are unsure of the type of repair, select "UNSURE" and request a service technician to review your items in question. (altatownhomes@gmail.com)

(Please read, initial, and sign before sending)

I UNDERSTAND THAT, IF I REQUEST A SERVICE TECHNICIAN TO REVIEW AN ISSUE THAT IS NOT COVERED BY WARRANTY, I WILL BE BILLED **\$50.00** FOR EACH VISIT. THE APPROVED CONTRACTOR WILL PROVIDE A BID FOR REPAIRS AND THAT, UPON ACCEPTANCE OF AGREED UPON REPAIRS, ADDITIONAL CHARGES FOR MATERIALS AND LABOR MAY APPLY. I ALSO UNDERSTAND THAT, IN ORDER FOR ANY AND ALL APPROVED REPAIRS COVERED UNDER THE WARRANTY, ALTA HOMES APPROVED CONTRACTORS MUST PERFORM THE REPAIRS, AND, IN ORDER FOR ALTA HOMES TO COVER THE COST OF EACH REPAIR, ALTA HOMES MUST APPROVE IN WRITING BEFORE ANY WORK IS PERFORMED. I ALSO UNDERSTAND THAT APPROVED CONTRACTORS ARE NOT EMPLOYED BY ALTA HOMES AND ARE HIRED BY HOMEOWNERS TO PERFORM WARRANTY AND NON-WARRANTY ITEMS. **HOME OWNER INITIALS:** _____.

DO NOT ACCEPT ANY BID FOR REPAIRS UNLESS IT IS CLEAR AS TO WHAT IS BEING REPAIRED AND WHEN THE REPAIRS ARE TO BE COMPLETE AND THAT THEY ARE PERFORMED BY ALTA APPROVED CONTRACTORS. IF REPAIRS ARE PERFORMED BY UN-APPROVED CONTRACTORS FOR WARRANTY OR NON-WARRANTED ITEMS, IT MAY VOID FURTHER WARRANTY COVERAGE FOR AFFECTED ITEMS AND WILL RELEASE ALTA HOMES AND ALTA DEVELOPMENT GROUP OF WARRANTY COVERAGE. ALSO, IF UN-APPROVED CONTRACTORS REPAIR, CHANGE, OR MODIFY ANY ITEMS ON, IN, OR AROUND YOUR HOME, THIS MAY VOID THE WARRANTY PROVIDED BY ALTA HOMES AND ALTA DEVELOPMENT GROUP. WHEN SCHEDULING A SERVICE VISIT, PLEASE BE AT THE LOCATION AT AGREED UPON TIME. IF THE SERVICE TECHNICIAN IS NOT ABLE TO GAIN ACCESS AND IS FORCED TO RESCHEDULE, YOU WILL BE BILLED **\$50.00** FOR THE FAILED ATTEMPT.

ITEMS TO BE INSPECTED:

1: _____

2: _____

3: _____

4: _____

Home Owner's Signature: _____

Date: _____