



# DAVIDSON BUILDERS, INC.

1302 CAMINO DEL MAR  
DEL MAR, CA 92014  
FAX 858/259-7049

## HOME REPAIR REQUEST

Date: \_\_\_\_\_ Tract Name: \_\_\_\_\_ Lot No. \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_ COE: \_\_\_\_\_

### REQUEST FOR SERVICE (NON-EMERGENCY)

#### HOMEOWNER PLEASE NOTE:

1. Service Calls are made Monday through Friday from 8:00 AM TO 4:30 PM.
2. Use telephone numbers provided in your homeowner's manual for service to Appliances, Electrical, Heating and Plumbing. These subcontractors should be contacted directly
3. Builder reserves the right to refuse any service request based upon the homeowner's failure to properly maintain or timely notify builder of the alleged defect(s).

| Item No. | PLEASE PRINT EACH REQUESTED SERVICE ITEM SEPERATELY<br>GIVE SPECIFIC LOCATIONS AND AS MUCH DETAIL AS POSSIBLE | Date Completed |
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**\*\*Please fax back to (858) 259-7049**

EVERY ATTEMPT WILL BE MADE TO HANDLE SERVICE REQUEST ITEMS WITHIN A THIRTY (30) DAY TIME PERIOD.

NOTE: If permission has not been granted to enter your home, arrangements must be made to have someone older than eighteen (18) years of age present at the time the corrections are made. Making arrangements so we can make the correction is your obligation; getting the corrections completed is our responsibility.

All items listed on this form for correction have been satisfactory completed

\_\_\_\_\_  
PRINT HOMEOWNER NAME      HOMEOWNER SIGNATURE      DATE

\_\_\_\_\_  
PRINT HOMEOWNER NAME      HOMEOWNER SIGNATURE      DATE      HOMEOWNER SIGNATURE      DATE

\_\_\_\_\_  
ACKNOWLEDGEMENT OF WORK COMPLETED:      DATE  
DAVIDSON CUSTOMER SERVICE REPRESENTATIVE SIGNATURE