



JOB ID	
ADDRESS	
DATE OF POSSESSION	

## 12 MONTH WARRANTY REQUEST

Please submit at 10 Months

Contact Name	Phone
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\*\*\*Only the items listed will be addressed at the time of the scheduled warranty assessment\*\*\*

LOCATION (AREA) OF CONCERN	DESCRIPTION

MASTER CRAFTSMAN WARRANTY, 5100 Gordon Drive, V1W 5M6, KELOWNA BC PH: 780-490-6060

Email: carringtonhomes@mcwarranty.ca