

RASSETTE HOMES

Customer Service Request

Homeowner _____ Date _____
Address _____ Block _____ Lot _____
Telephone Number Home () _____ Work () _____

Escrow Closing Date: _____

In order to more systematically attend to service requests of your new home it is necessary that this form be used. Requests must be completed by the Original Home Owner. Requests are processed in the order of which they are received. Please fill out the form as specifically as possible for a more accurate interpretation.

Mail this form to: Rasette Homes, 604 Gil's Magic Ct., El Paso, TX 79932, or fax to telephone number (915) 585-3331

BUSINESS HOURS ARE 8:00 AM TO 5:00 PM, MONDAY TO FRIDAY

Phone No: (915) 585-3330

ONE SERVICE REQUEST PER LINE NUMBER, PLEASE

WARRANTY DEFECT PER SECTION
OF HOME OWNER'S WARRANTY BOOK

1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

Maintenance matters, which are the responsibility of the homeowner, will not be considered.

ALL OF THE ABOVE LISTED WORK HAS BEEN COMPLETED TO OUR SATISFACTION.

Signature Date

Signature Date

Revised 12/01/10