



HOMEOWNER NAME		DATE
STREET ADDRESS	SUBDIVISION	LOT
HOME PHONE	WORK PHONE (1)	WORK PHONE (2)

For your protection and greater efficiency, our warranty service system is based upon your written report of non-emergency items. Please mail or email both pages of this request form to:

Venture Communities
Attn: Customer Service Department
5500 Interstate North Parkway, Suite 150
Atlanta, GA 30328

Email to: terric@venture-ga.com

Our Field Manager will contact you to set an inspection appointment. Inspection and service appointments are available between 8:00 AM and 4:00 PM, Monday through Friday. When setting appointments, please allow sufficient time for our trade partners and vendors to perform their quality repair. Thank you for your understanding and cooperation.

Pets Yes No

Security System: Yes No _____ Homeowner's Signature

*** ALL WARRANTY REQUEST ITEMS ARE LISTED ON PAGE TWO OF THIS FORM ***

OFFICE USE ONLY		
ORIGINAL CLOSING DATE	DATE REQUEST RECEIVED	DATE CONFIRMATION CARD SENT
DATE ISSUED TO FIELD MANAGER	SCHEDULED INSPECTION DATE	SCHEDULED COMPLETION DATE

CERTIFICATION OF WORK COMPLETION

This is to certify that all agreed upon warrantable repairs have been satisfactorily completed as indicated by my initials on the second page of this form. All obligations, promises or commitments are herein stated with no other oral promises or representations being made by, or on behalf of, Venture Communities.

_____ Date _____
 _____ Homeowner's Signature

WARRANTY SERVICE REQUEST ITEMS

SUBDIVISION:	LOT #:
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SERVICE ACTION

Item #	Description	Warranty	Courtesy	Maint*	Complete Date	H. O. Initials
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Maint = Maintenance denotes Homeowner responsibility*