



**CLAIM FORM**

**DATE OF CLAIM:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

**ITEM NUMBER:** \_\_\_\_\_

**QUANTITY OF MATERIAL:** \_\_\_\_\_

**DATE OF PURCHASE:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

**PURCHASED FROM:** \_\_\_\_\_

**DESCRIPTION OF QUALITY ISSUE OR PROBLEM:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE OF INSPECTION:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

**INSPECTION REPORT INCLUDED:** YES \_\_\_\_\_ NO \_\_\_\_\_

**REQUESTED RESOLUTION:** \_\_\_\_\_

\_\_\_\_\_

**COMPANY FILING CLAIM:** \_\_\_\_\_

**HOMEOWNER:** \_\_\_\_\_

\_\_\_\_\_

**PRINT NAME OF PERSON FILING CLAIM**

\_\_\_\_\_

**SIGNATURE OF PERSON FILING CLAIM**