

DEAR CUSTOMER: Please do not submit this form unless access to your home can be arranged within 72 business hours.



Southern California
36310 Inland Valley Drive, Wildomar, CA 92595
Phone (866) 275-9593 Fax (866) 412-9856
Email: customerservice@kbhome.com

HOMEOWNER WARRANTY REQUEST FORM

Owner(s):		Date:	
Primary Phone: () - <input checked="" type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work () - <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Address:		City:	Zip:
Email:		Email:	
ITEM #	PLEASE DETAIL BELOW THE ITEMS IN NEED OF SERVICE		
1			

OWNER IS REQUESTING WARRANTY SERVICE PURSUANT TO SECTION IV. "MAKING A CLAIM" OF THE KB HOME WARRANTY. THIS WARRANTY REQUEST IS NOT INTENDED, NOR SHALL IT BE DEEMED, TO BE A NOTICE OF CLAIM OF VIOLATION OF THE FUNCTIONALITY STANDARDS AS DESCRIBED IN SECTION 910 OF THE CIVIL CODE. OWNER UNDERSTANDS THAT IF OWNER IS NOT SATISFIED WITH KB HOME'S HANDLING OF THE WARRANTY CLAIM, OWNER STILL HAS THE RIGHT TO FILE A CLAIM IN ACCORDANCE WITH SECTION 910 OF THE CIVIL CODE. PERMISSION IS HEREBY GRANTED FOR AUTHORIZED KB HOME REPRESENTATIVES TO ENTER THE ABOVE ADDRESS PREMISES FOR THE PURPOSE OF INSPECTING AND/OR MAKING SUCH REPAIRS AS REQUESTED.

☐May Enter ☐ May Not Enter Initial: Homeowner Signature: Date:

Please specify the best day and time, (Monday through Friday between 7 a.m. and 3 p.m.) access can be granted

Do you have special instructions regarding: ☐Pets ☐Alarm ☐Other (see below)

THE SECTION BELOW IS FOR OFFICE USE ONLY

Project:	Tract:	Lot:	COE:	CR:
Claim #:	Claim Type:	Method Rec'd:	Initials:	Sent To:

PLEASE DETAIL BELOW ALL ATTEMPTS TO CONTACT HOMEOWNER:

My signature below is an acknowledgment that my claim will be suspended at this time due to _____ and will be reopened on _____.

X

Signature	Please Print Name		Date	
Item #	Assessment / Disposition Description & Reasoning of Work	Subcontractor	Item Completed Ackn	Denial Ackn

The above items have been satisfactorily completed.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Homeowner Signature	Date	Customer Service Rep Signature	Date