For Office Use Only

Date Inspected _____

Inspected By _____

Tickets Written By _____

Lakewood Homes, Inc.

6 MONTH SERVICE REQUEST FORM

Mail To: Lakewood Homes, Inc.
2700 W. Higgins Rd., Suite 100
Hoffman Estates, IL 60195

NAME: _____ **LOT:** _____ **DATE:** _____

ADDRESS: _____ **SUBDIVISION:** _____

HOME PHONE: _____ **BUSINESS PHONE:** _____

ITEM NO.	NATURE OF ITEM AND PRECISE LOCATION	WARRANTY ITEMS	TICKET #	COMPLETE

To help expedite servicing your home please abide by the following:

1. Number each item in consecutive order.
2. Briefly describe the nature of the item and its location as precisely as possible.

I have reviewed the above list with a Lakewood Service Representative and I understand only indicated warranty items will be repaired.

Signature: _____ Date: _____

All of the above warrantable items have been completed to our satisfaction.

Signature: _____ Date: _____