CENTURY
COMMUNITIES

Mail or Fax to:
4949 South Syracuse Street, Suite 320, Denver, CO 80237
(303)268-8360 ph (303)268-8379 fax
email address – deenag@centurycommunities.com

ONE-YEAR CUSTOMER CARE REQUEST FORM

SUBDIVISION: _____ CLOSING DATE: _____

NAME: _____

ADDRESS: _____

PLEASE COMPLETE AT TIME OF SUBMISSION

HOME PH: _____ BUSINESS: _____ CELL: _____

ITEMS FOR CUSTOMER CARE

	INITIAL WHEN COMPLETE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

_____ _____
Homeowner's Signature Date

I hereby certify that all warrantable work has been completed to my satisfaction. (Please sign when all work is completed)

_____ _____ _____
Homeowner's Signature Date Customer Care Representative

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