



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

30-DAY 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