



## WARRANTY SERVICE REQUEST FORM

PLEASE MAIL, EMAIL, OR FAX THIS FORM TO:

Mail: 9500 University Avenue, Ste. 2112  
West Des Moines, Iowa 50266

E-Mail: [warranty@accuratedevelopment.com](mailto:warranty@accuratedevelopment.com)

Fax: 515.327.0900

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Warranty Rep: \_\_\_\_\_

Date Scheduled: \_\_\_\_\_

Start Time: \_\_\_\_\_

**REQUEST TYPE (CHECK ONE):** ☐ 30 DAY ☐ ONE-YEAR ☐ OTHER (NON-EMERGENCY)

Date of Request: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

### DESCRIPTION OF SERVICE REQUEST:

### FOR OFFICE USE ONLY

	Location	Description	Responsibility	Date Contacted	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

The above items have been reviewed by Accurate Development and have been assigned to our Service Representative \_\_\_\_\_, who will contact you to set up an appointment. Our technicians and/or subcontractors are available Monday thru Friday 8:00am-4:00pm only and are unavailable on weekends and Holidays. If the representative is unable to access your home, a notification to reschedule will be sent to you using the contact information you provided above.

I/We, \_\_\_\_\_ (homeowner(s)), indicated by my signature below, confirm that the above listed Service Request have been completed in their entirety and therefore accept these repairs as final satisfaction of this Warranty Service Request.

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Accurate Development Service Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date