



10-MONTH SERVICE REQUEST

Please submit to CMS Homes, LLC. no later than _____.

PLEASE USE THIS FORM TO REPORT ANY WARRANTABLE ITEMS NEEDING
ATTENTION AT THE END OF 60 DAYS FROM DATE OF CLOSING.

DATE _____

LOT NUMBER: _____ COMMUNITY: _____

LIST REPAIRS NEEDED:

ONLY LIST THOSE ITEMS THAT ARE THE RESPONSIBILITY OF THE BUILDER AND
ARE COVERED BY THE HOME OWNERS WARRANTY DOCUMENTS. ANY OTHER
ITEMS WILL NOT BE CONSIDERED FOR REPAIRS.

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

NAME _____ CONTACT PHONE #1 _____

ADDRESS _____ CONTACT PHONE #2 _____

EMAIL FOR WARRANTY COMMUNICATION _____

Please email to: INFO@CMSHOMESLLC.COM

CMS HOMES LLC 109 N. LINCOLN DRIVE STE J, TROY MO 63379