



10 MONTH SERVICE REQUEST

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

PLEASE USE THIS FORM TO REPORT ANY WARRANTABLE ITEMS NEEDING ATTENTION AT THE END OF 10 MONTHS 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 mail to: CMS HOMES LLC 55 TOWER ST, MOSCOW MILLS, MO 63362

EMAIL TO: INFO@CMSHOMESLLC.COM