

# CLARUM HOMES

## Home Warranty Request Form

Dear Homeowner,

Please complete this request and mail or fax it to our Home Warranty Department listed below. The Home Warranty Department will contact you to discuss your requests prior to beginning any work.

***Clarum Homes***  
***Home Warranty Department***

599 College Avenue  
Palo Alto, CA 94306  
Phone (650) 322-7069; Fax (650) 322-4550

Lot#/Request #: \_\_\_\_\_ / \_\_\_\_\_

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

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

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

Work #1: ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Work #2: ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

(Initial & Date upon Completion)

**Home Warranty Request Item(s):**

Clarum      Owner

(One item per line, attach additional sheet if needed. Please be specific as to location and type of work requested.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

***To be signed by Homeowner when all items have been completed or addressed:***

\_\_\_\_\_  
(Homeowner's Signature)

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