



Instructions on how to fill out the Homeowner Warranty Request Form

1. Using your computer or smart phone - fill out the Homeowner Information section.
This is the top portion listed in **RED**.
2. Click on the box and start typing.
3. Save the request form.
4. Submit your completed form to the Warranty Department

Email: warranty@habitat4humanity.org (make sure the request form is attached)

Mail or Drop off: 12751 New Brittany Blvd. Suite: 100
Fort Myers, FL 33907 (Office Hours : Monday – Friday, 8am - 4:30pm)

Fax: 239-652-0386

NOTE:

All requests **MUST** be submitted to our warranty department for processing and will be handled during regular business hours.

INCOMPLETE FORMS WILL BE SENT BACK FOR COMPLETION

Thank You

Warranty Department



Instrucciones sobre cómo completar el Formulario de solicitud de garantía para propietarios de vivienda

1. Usando su computadora o teléfono inteligente: complete la sección Información del propietario. Esta es la parte superior que aparece en **RED**.
2. Haga clic en el cuadro y comience a escribir.
3. Guarde el formulario de solicitud.
4. Envíe su formulario completo al Departamento de Garantía

Correo electrónico: warranty@habitat4humanity.org (asegúrese de que el formulario de solicitud esté adjunto)

Correo o entrega: 12751 New Brittany Blvd. Suite: 100 Fort Myers, FL 33907
(Horario de oficina: lunes – viernes de 8 a 4:30 pm)

Fax: 239-652-0386

NOTA:

Todas las solicitudes **DEBEN** enviarse a nuestro departamento de garantía para su procesamiento y se manejarán durante el horario comercial regular.

LOS FORMULARIOS INCOMPLETOS SERÁN DEVUELTOS PARA COMPLETAR

Gracias

Departamento de Garantía

HOMEOWNER WARRANTY REQUEST FORM

Warranty@habitat4humanity.org

Office Hours: Tuesday – Friday from 6:30am – 5:00pm



HOMEOWNER INFORMATION	
Date Requested:	
Homeowner's Name(s):	
Phone:	
Email:	
Street Address:	
City and Zip Code:	
CLOSING DATE:	WITHIN 1 YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO
Warranty Issue(s)	1.
	2.
	3.
	4.
	5.
BELOW IS FOR OFFICE USE ONLY	
Job Number:	
Site Supervisor:	
Request Received By:	
Action Taken:	1.
	2.
	3.
	4.
	5.
Work Performed By:	1.
	2.
	3.
	4.
	5.
Completion Date:	
Signature of Approval:	

NOTES: