

**PLEASE FAX TO:**

**SABRE CONSTRUCTION LLC  
WARRANTY REQUEST/INSPECTION**

Sabre Construction LLC  
11590 Stonehaven Way  
West Palm Beach, Florida 33412

FAX: 561-694-5533

COMMUNITY/LOT: \_\_\_\_\_  
HOMEOWNER: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
PHONE: (Home) ( ) \_\_\_\_\_ (Work) ( ) \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

Dear Warranty Representative: We are requesting warranty performance on the items listed below for our new home.

**INSTRUCTIONS:** Please complete column A below. Columns B and C will be completed by a Sabre Representative after the items are inspected. Column D to be initialed by Homeowner upon completion of the work.

**NOTE: EXCEPT IN AN EMERGENCY, ALL REQUESTS MUST BE FAXED TO SABRE CONSTRUCTION OFFICE.**

	(A) DESCRIPTION	(B) INSPECTOR'S COMMENTS	(C) SUB.	(D) COMPLETE HO INIT
1				
2				
3				
4				
5				
6				

Please be advised that: (Please Check One)

\_\_\_\_\_ Someone is usually home during the day \_\_\_\_\_ Someone will stay home by appointment

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

**\*\*\*\*TO BE COMPLETED AFTER ITEMS ARE INSPECTED\*\*\*\***

The above items represent the agreed upon resolution of your warranty request. Sabre Construction LLC will endeavor to complete these items within 30 days. I, the Homeowner, will acknowledge completion of individual items by initialing and dating column D above.

HOMEOWNER: \_\_\_\_\_  
Sabre Construction Warranty Rep: \_\_\_\_\_

DATE: \_\_\_\_\_  
DATE: \_\_\_\_\_

**SC USE ONLY**

Date Rec'd:  
Date work orders issued:  
Subcontractor Note:  
Date work completion due: