



Customer Service Request

Homeowner: _____

Address: _____

Block: _____

Lot: _____

Telephone Number: Cell: () _____

Work: () _____

Escrow Closing Date: _____

Email: _____

Customer Service Request Date: _____

Customer Signature: _____

To more systematically attend to service requests of your new home it is necessary that this form be used. Requests must be completed by the Original Home Owner, Requests are processed in the order of which they are received. Please fill out the form as specifically as possible for a more accurate interpretation.

Mail this form to: Rasette Homes, 604 Gil's Magic Ct., El Paso, TX 79932, or fax to telephone number (915) 585-3331
BUSINESS HOURS ARE 8:00 AM TO 5:00PM, MONDAY TO FRIDAY
PHONE NO: (915) 585-3300

One Service Request per line number, please

Warranty Defect per section of home owner's warranty book

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

**** I AGREE TO A FIELD SERVICE CHARGE OF \$125.00 IF THE ABOVE REQUESTED SERVICE IS NOT A WARRANTED ISSUE.
PLEASE REFER TO YOUR HOME OWNER MANUAL REGARDING QUESTIONS ON THIS MATTER.**

PLEASE SIGN IF ALL THE ABOVE LISTED WORK HAS BEEN COMPLETED TO YOUR SATISFACTION.

Signature

Date

Signature

Date

May, 2017