

BETSILL BROTHERS CONSTRUCTION

REQUEST FOR SERVICE



Date: _____ Bldg / Unit #: _____

Last Name: _____ First Name: _____

Address: _____

Phone: _____ Alternate Phone: _____

Warranty Expiration Date: _____

Limited Warranty period ends (1) year from closing date of Buyer's escrow for the unit or 14 months after certificate of occupancy is issued, whichever event occurs earlier.

IMPORTANT:

Request for Service must be submitted in writing. Please use this form for all your needs. Please fill out form and email, fax, or mail to the following:

Betsill Brothers Construction, Inc.
635 Kenolio Road, Kihei, HI 96753
Fax: (808) 879-5159, Email: warranty@betsillbuilder.com

If this is an emergency, please call (808) 879-5375 during normal business hours. For after-hours or on weekends, please call (808) 264-1777 / (808) 269-0261.

Please fill in (be specific) the space provided below, the nature of the item requiring attention. Your assistance in filling out this form will enable us to track and complete your request in a timely manner. You will be contacted within 48 hours of receipt of this form (except weekends & holidays).

General maintenance matters, which are the responsibility of the homeowners, will not be considered a New Home Warranty service item.

FOR OFFICIAL USE ONLY

Action Taken: _____

Received By: _____ Date: _____

Sent To: _____ Notified Owner of Receipt: _____

Date Resolved: _____ Owner Acceptance: _____