



# 4<sup>th</sup> Month Warranty Service Request Form

For Warranty Service, please complete this form for processing.

**MAIL**

DR Horton *America's Builder*  
Warranty Service Dept.  
5419 N. Loop 1604 East  
San Antonio, Texas 78247

**E-MAIL**

[sawarranty@drhorton.com](mailto:sawarranty@drhorton.com)

Homeowner's Name: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Office Phone No: \_\_\_\_\_ Other: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Property Street Address: \_\_\_\_\_

What date did you close on the purchase of your home?: \_\_\_\_\_ Date problem noticed: \_\_\_\_\_

**NOTE: Warranty Service is performed between 8 am and 5 pm, Mon – Fri.  
AM ( 8 – noon) or PM ( 1 – 5)**

**I request warranty service for the following item(s). I have reviewed the Warranty Booklet to ensure these items are warrantable.**

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

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_ WK ORDER: \_\_\_\_\_ SUBD: \_\_\_\_\_

HOMEOWNER SIGNATURE: (upon completion)

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