ONE-YEAR DRYWALL ADJUSTMENT FORM

HOMEOWNER: _____

COMMUNITY: _____ HOMESITE: _____

ADDRESS : _____

DAYTIME CONTACT PHONE NUMBER (□Home / □Work / □Cell): _____

BEST TIME OF DAY TO CALL: _____

EMAIL: _____

This form is to address One-Year Drywall adjustments only! Please review the Construction Performance Standards (Section IX of the 2-10 HBW booklet) prior to completing the One-Year Form to ensure your item(s) are covered under our warranty program.

Location	Drywall Item Description	Check one of the two boxes below	
		Crack	Nail Pop

Owner Acknowledgment:_____ **Date:**_____

Please fax this form to 425-825-1565 or mail to: 9720 NE 120th PL Suite 100, Kirkland, WA 98034. Upon recieving this form CamWest will contact you within one business day to confirm receipt. Your Warranty Service Professional will then contact you to review the above list. All drywall warrantable adjustments will be scheduled between 7:30 a.m. to 3:30 p.m., Monday through Friday.