

Low Country Residential Builders, LLC Home Owner Warranty Form

NAME _____

ADDRESS OF COMPLAINT _____

(Street)

(City)

(State)

(Zip)

HOME PHONE (_____) _____

BUSINESS PHONE (_____) _____

EFFECTIVE DATE OF WARRANTY ____ / ____ / ____

(Date of Home Purchase)

(Mo.)

(Day)

(Year)

NATURE OF DEFECT (BE SPECIFIC) _____

DATE DEFECT FIRST OBSERVED _____

Homeowner's Signature _____ Date _____

Home Builder's Signature _____ Date _____

Homeowner's Signature _____ Date _____

Completion Date/Work Performed _____

Homeowner's Signature _____ Date _____

Home Builder's Signature _____ Date _____

Homeowner's Signature _____ Date _____

All requests are to be sent to:

Sam Harington

110 Sangaree Parkway

Summerville, SC 29483

Email: Sam@4scap.com

Fax: 843-875-3178