AMERICORP HOMES

"Homes for Quality Living"™

CUSTOMER SERVICE REQUEST

REQUESTS ARE ADDRESSED AS THEY ARE RECEIVED. A CUSTOMER SERVICE REPRESENTATIVE WILL REVIEW YOUR CONCERNS TO DETERMINE IF THEY ARE A COVERED WARRANTY ITEM AND CALL FOR AN APPOINTMENT IF FURTHER ACTION IS TO BE TAKEN. IF IT IS DETERMINED THAT YOUR CONCERNS ARE NOT A COVERED ITEM OR AN ITEM THAT WILL BE ADDRESSED DURING THE 10-MONTH WALK-THROUGH YOU WILL BE NOTIFIED IN WRITING OF OUR DETERMINATION.

INSTRUCTIONS: FOR WARRANTY SERVICE, PLEASE COMPLETE THIS FORM AND MAIL IT TO:

SERVICE DEPARTMENT
AMERICORP HOMES
ONE SOUTH STATE STREET
NEWTOWN, PA 18940

PLEASE REMEMBER TO BE SPECIFIC ABOUT YOUR CONCERNS; LIST THE ROOM, LOCATION IN THE ROOM, AND EXACTLY WHAT IS HAPPENING.

HOMEOWNER'S NAME: _____

HOME PHONE #: _____ ALTERNATE PHONE #: _____

ADDRESS: _____

SETTLEMENT DATE: _____ COMMUNITY: _____

DESCRIPTION OF THE WARRANTY WORK REQUESTED (INCLUDE ITS SPECIFIC LOCATION IN YOUR HOME):

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