

SERVICE INSPECTION FORM

05/11/2002

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ByrnSpec

Owner: **JON & MARY SMITH**

5143 OAK BLUFF
SAN JAUN CAPISTRANO CA 91871

Home:

Work:

Request: **000060**

Request Received: **10/17/2001**

Signoff Date:

Warranty Exp Date: **10/20/2002**

Lot / Bldg 02

Phase: ESTATES -PHASE1

Tract: 51665

Plan: 20

Date Contacted: _____ Access? _____ Appointment Date: _____

Description of Complaint as Described by Homeowner

001 The hinges in Kitchen are need to be replaced

_____ Warranty Action: _____

_____ Extra Work _____ Sub: _____

002 Microwave oven not heating correctly

10/30/2001 -THIS IS A TEST

_____ Warranty Action: _____

_____ Extra Work _____ Sub: _____

003 Tile in Kitchen Area is damaged

_____ Warranty Action: _____

_____ Extra Work _____ Sub: _____

004 Grout color in bathroom 2 is not what was ordered

_____ Warranty Action: _____

_____ Extra Work _____ Sub: _____

Inspected By: _____

Date: _____

Input By: _____

Date: _____

Homeowner(s)
