



**SELLER'S LIMITED WARRANTY  
SERVICE REQUEST FORM**

To: EGStoltzfus Homes  
Warranty Service Dept.  
Fax: 717-393-8924  
www.egstoltzfus.com

Date: \_\_\_\_\_

Homeowner: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

(Her) Work Phone: \_\_\_\_\_

Lot #: \_\_\_\_\_

(Her) Cell Phone: \_\_\_\_\_

(Her) E-mail \_\_\_\_\_

(His) Work Phone: \_\_\_\_\_

Lot #: \_\_\_\_\_

(His) Cell Phone: \_\_\_\_\_

(His) E-mail \_\_\_\_\_

Describe Nature of Deficiency(ies) in Detail Including Identification of Affected Component(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Deficiency(ies) First Discovered:

Signature below indicates acceptance of repairs to above deficiency(ies)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_