



WARRANTY CORRECTION REQUEST

Office Use Only

To Contractor/Vendor:

CNo.: _____

PNo.: _____

Phone: _____

Fax: _____

Date: _____

building occupant/building maintenance use - please fill in

PROJECT NAME: _____

LOCATION: _____

ROOM NUMBER OR AREA: _____

DESCRIPTION OF WARRANTY PROBLEM: _____

Describer: _____

Title: _____

Signature _____ Date _____

Phone: _____

Contractor/Vendor use if needed

TO: _____

ATTN: _____

(Subcontractor/Supplier)

FAX: _____

DATE SENT BY MAIL: _____

COMMENTS: _____

From: _____

Title: _____

Signature _____ Date _____

Phone: _____

User/Vendor Response

After work is complete have someone (Building User or University's Maintenance Department) to sign off that correction has been completed and the work is acceptable. Then fax back to (936)857-1051 or _____.

Date Responded: _____

Date Completed: _____

Comments: _____

Vendor Signature: _____

Date: _____

User Signature: _____

Date: _____