60 DAY WARRANTY REQUEST FORM

Homeowner _____
Address _____
Contact number _____

Location/Room	Description	Subcontractor this column for office use	Notes/Comments

Please reference your Warranty Guideline manual to make sure that your request is covered by our warranty.
This form must be submitted to INK-drumright builders LLC using one of the three following methods:
E-mail warranty@ink-drumright.com (please email this address to request a blank form to be emailed to you)
Fax this form to the office at 681-3300
Mail this form to the office at P.O. Box 780427, Wichita, KS 67278
Once this form is received by our office, you will be contacted within five (5) working days

_____
Homeowner's signature
Work request

_____
Homeowner's signature
Acceptance of work completed