



## WARRANTY REQUEST FORM

Project Name: \_\_\_\_\_

Person Making Request: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Contact Information (Phone): \_\_\_\_\_

Substantial Completion Date: \_\_\_\_\_

Contact Information (Email): \_\_\_\_\_

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Warranty Policy: Please submit all warranty requests to [office@kimber1985.com](mailto:office@kimber1985.com). Standard warranty request will generally be addressed after the 30-Day Punch List period and up to 12 months after the Substantial Completion date of the project. Emergencies are handled as promptly as possible on a case-to-case basis.

WARRANTY ISSUE DESCRIPTION:

Room # or Name: (Example: Office 123): \_\_\_\_\_

Location /Area: Example: North Wall): \_\_\_\_\_

Point of Contact (Name & Phone): \_\_\_\_\_

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### KIMBER OFFICE USE ONLY

This warranty request must be completed **As Soon As Possible**. Notify KIMBER for inspection upon completion.

Description of Repair:

Responsible Subcontractor: \_\_\_\_\_

Subcontractor Contact Info (Phone & Email): \_\_\_\_\_

Subcontractor Signature Certifying Completion: \_\_\_\_\_

KIMBER Comments:

\_\_\_\_\_  
KIMBER Rep Signature

\_\_\_\_\_  
Date

KIMBER 1985, LLC  
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