

ONE YEAR WARRANTY REQUEST

I/We will return this form to:

WilsonBuilt Homes LLC, dba Leland Homes

5604 Wendy Bagwell Parkway, Suite 221,

Hiram, GA 30141 or Email to: [customerservice@lelandhomes.net](mailto:customerservice@lelandhomes.net)

Once we receive this list, we will contact you to set an inspection appointment. Service hours are on Thursday, 9:00 am to 4:00 pm. Thank you for your cooperation.

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

Owners Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact person in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Time Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office or Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SERVICE REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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