CHESAPEAKE HOMES

448 VIKING DRIVE, SUITE 220
VIRGINIA BEACH, VA 23452
757-671-8700 FAX: 757-671-2375

Lic. No. 2701 039485A

12 Week Service Request

Due:

Owner's Name: _____ **Date:** _____

Project: _____ **Lot #** _____

Street Address: _____

Phones: (Home) _____ **(Work)** _____ **(Cel)** _____

Nature of Request (Explain in detail as clearly as possible)

Office Use Only

	Close Date:	Vendor	Date Called

Note: For emergency situations, please report the problem directly to the subcontractor listed in your warranty binder. All other service requests should be reported in writing to Chesapeake Homes. Please refer to your QBW Warranty Booklet for items covered under the first year builder warranty and in particular refer to which services are covered at the 12 Week and 10 month intervals when submitting your requests.

MAIL TO: Chesapeake Homes
Warranty Department

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_____
Signature of Homeowner

White – Builder's Office **Yellow - Homeowners**

CH-12W