

Taylor Homes
 6100 Hitt Lane
 Louisville, KY 40241
 502-582-1800

11 Month Corrective Action Request Form

If submitted late it may be rejected due to the subcontractors warranty may have expired

Customer Name: _____		Job No.: _____			
Mailing Address: _____		Region: _____			
City: _____ State: _____ Zip: _____		Daytime Phone: _____			
Warranty Item	Repaired By	Homeowner Initial upon Completion	Date Initialed	Warranty Code	Corporate Code
				Office Use Only	
1.)					
2.)					
3.)					
4.)					
5.)					
6.)					
7.)					
8.)					
9.)					
10.)					
X Customer Signature: _____			X Date: _____		