

WARRANTY FORM

**FIRST FLORIDA**

DATE: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_  
STREET ADDRESS : \_\_\_\_\_  
CITY & ZIP CODE \_\_\_\_\_  
PROPERTY CONTACT: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
OFFICE HOURS: \_\_\_\_\_

BLDG #: \_\_\_\_\_ UNIT #: \_\_\_\_\_  
BLDG #: \_\_\_\_\_ UNIT #: \_\_\_\_\_  
BLDG #: \_\_\_\_\_ UNIT #: \_\_\_\_\_  
BLDG #: \_\_\_\_\_ UNIT #: \_\_\_\_\_  
TENANT(S) NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_

FIRST FLORIDA REP - **IF ON SITE**: \_\_\_\_\_

UNIT(S) OCCUPIED: YES NO \*EMERGENCY ISSUE:\* YES NO

**\*\*\*\*\*ONSITE MAINTENANCE PERSONNEL MUST INSPECT AND ASSESS ISSUES PRIOR TO CONTACTING SUBCONTRACTORS\*\*\*\*\***

**DETAILED DESCRIPTION WITH EXPLANATION(S) ("HOW"):**

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\_\_\_\_\_

**WARRANTY SUBCONTRACTOR CONTACTED TO RESOLVE MATTER: (How You contacted them)**

COMPANY NAME: \_\_\_\_\_ CONTACT PH #: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ CONTACTED BY: \_\_\_\_\_ PHONE FAX EMAIL  
DATE OF REPAIR: \_\_\_\_\_ REPAIRED BY: \_\_\_\_\_

**DESCRIPTION OF REPAIR(S)/REPLACEMENT(S):**

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\_\_\_\_\_  
\_\_\_\_\_

PARTS ORDERED: YES NO DATE OF DELIVERY/INSTALL \_\_\_\_\_

REPAIRED BY (SIGNATURE) \_\_\_\_\_ DATE OF REPAIR \_\_\_\_\_