

Instructions:

1. You can print this form and fill it out by hand or complete it online before printing.
2. To fill out this form online, left click on a field and type in the information as you would like it to appear on the form.
3. Use the "tab" key to move to move between fields. If you want to go to a certain field, you simply left click on that field and type.
4. When the form has been completed please review the information carefully to be certain that contents is accurate. You cannot save the information you have typed into a PDF. Once you close the document, or advance to another webpage, you will loose the data.
5. Note that each field has a limited amount of space and that some information, such as signatures, must be completed by hand after printing.
6. We recommend that you print three copies of the form (one each for the builder, for the Warranty Program and for your records).

IMPORTANT

Homeowners should see [Warranty Service Requests](#) on page 5 of their *Homeowner Information Package* for instructions on how and when to submit warranty service forms. Please note that because these forms require signatures, the Warranty Program cannot accept submission by email.

30-Day Form

for Warranty Service Requests

**TO MAKE A WARRANTY SERVICE REQUEST, PLEASE COMPLETE AND SUBMIT THIS FORM
BEFORE THE END OF THE FIRST 30 DAYS OF POSSESSION.**

YOU MAY SUBMIT ONLY ONE 30-DAY FORM.

You must submit a copy to both the Ontario New Home Warranty Program at 5160 Yonge Street, 6th Floor, Toronto, ON M2N 6L9 or fax: (416) 229-3800, and to your builder within the first 30 days of possession (see page 5 of your *Homeowner Information Package* for details on how to submit this form). To report a Delayed Closing or Delayed Occupancy, please obtain the correct form by contacting the Warranty Program at 1-800-668-0124 or by visiting our Web site at www.newhome.on.ca

Refer to your Certificate of Completion and Possession to complete this box.

Date of possession ____/____/____ Vendor/Builder Ref. # _____ Unit enrolment # _____
(YYYY/MM/DD)

Address and contact information

Home (Civic) address:

Address for correspondence (if different from Home address):

Homeowner's* name (please print)

Daytime phone number

Evening phone number

Fax number

Email address

Homeowner's* name (please print)

Daytime phone number

Evening phone number

Fax number

Email address

* If you are not the original registered owner, please check this box.

