



# RESIDENTIAL DESIGN SERVICES

*A Division of L.A.R.K. Industries, Inc.*

DATE: \_\_\_\_\_ REQUESTED REPAIR DATE: \_\_\_\_\_

BUILDER: \_\_\_\_\_ BUILDER REP: \_\_\_\_\_

BEST CONTACT #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROJECT: \_\_\_\_\_ LOT: \_\_\_\_\_ PH: \_\_\_\_\_

HOMEOWNER NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOMEOWNER #: \_\_\_\_\_ HOMEOWNER #: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PLEASE CIRCLE ONE: WOOD TILE CARPET VINYL COUNTERTOP

EXTRA MATERIAL AVAILABLE: YES NO IF YES, HOW MUCH? \_\_\_\_\_

OCCUPIED: YES NO

CONTACT TO SCHEDULE: HOMEOWNER BUILDER

ACCESS FOR SCHEDULED REPAIR: HOMEOWNER BUILDER

PLEASE CIRCLE ONE: MILL RELATED WARRANTY CHARGEABLE INSTALL RELATED

REPAIR DETAILS:

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LOCATION OF REPAIRS:

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HAS BUILDER INSPECTED: YES NO HAVE PICTURES BEEN TAKEN: YES NO

RECOMMENDED REPAIRS:

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FAX BACK TO: \_\_\_\_\_

ATTN: \_\_\_\_\_

*PLEASE FILL EVERY SPACE OUT ON THIS FORM, OTHERWISE WE WILL RE-FAX  
BACK TO YOU TO GET ALL DETAILS. THANK YOU.*