



**NEW HOME LIMITED WARRANTY
CUSTOMER CARE REQUEST FORM**

TO: The Rilington Group
Customer Care Department
78115 Calle Estado, Suite 205
La Quinta, CA 92253

Date: _____

FAX TO: 760.406.4290

EMAIL TO: customerservice@rilingtongroup.com

Homeowner

First Name: _____

Last Name: _____

Address: _____

Subdivision: _____ Lot #: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

Other Phone: _____

REPAIRS NEEDED

Please describe details about your concerns (location and affected components):
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

I certify that the work requested under the limited warranty was completed.

Signature of Homeowner

Date