

DEFECTS FORM

Please complete with as much information as possible.



SECTION ONE: TO BE COMPLETED BY THE SHARED OWNER CUSTOMER

Please complete and return to; warranty@yourresihome.co.uk

YOUR DETAILS

TITLE FORENAME(S)

SURNAME

PROPERTY ADDRESS

POSTCODE

PLOT NUMBER

MOBILE

EMAIL ADDRESS

ACCESS AVAILABILITY

DATE REPORTED

For appliance issues please contact the number for warranty that was included in your welcome pack. To keep our records up to date please fill in the form with as much detail as possible.

ITEM:

MODEL:

MAKE:

DEFECT
INFORMATION:

SECTION TWO: TO BE COMPLETED BY YOUR RESI HOME

SHARED OWNERSHIP ADVISOR

DATE

DATE

P1

P2

P3

P4

NOTES