



JOB ID	
ADDRESS	
DATE OF POSSESSION	

12 MONTH WARRANTY REQUEST

Please submit at 10 Months

Contact Name	Phone
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Only the items listed will be addressed at the time of the scheduled warranty assessment

LOCATION (AREA) OF CONCERN	DESCRIPTION

MASTER CRAFTSMAN WARRANTY, 1253 91 ST T6X 1E9, EDMONTON PH: 780-490-6060

Email: mcw@carrington.ca