



Neighborhood Housing Services of New Haven, Inc.

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A member of the national **NeighborWorks** network

POST-PURCHASE SERVICE REQUEST FORM

Congratulations on becoming a new home owner. As you know, it is not uncommon for some problems to show up in a newly constructed or rehabilitated house once it becomes occupied. If you experience problems during your warranty period, **please give them to us in writing** by filling out this form at our offices, mailing or faxing it, or e-mailing the following information to lpapa@nhsfnewhaven.org. You should keep a copy for yourself.

PROPERTY ADDRESS _____

TODAY'S DATE _____ DATE YOU PURCHASED YOUR HOME _____

YOUR NAME _____

Home phone _____ Cell phone _____ Work phone _____ Email _____

OTHER APPLICABLE CONTACT PERSON _____
(spouse, adult son or daughter, tenant, etc.)

Home phone _____ Cell phone _____ Work phone _____ Email _____

Below, list the location and describe the problem. Please be as specific as you can. For example:

2nd floor kitchen – under sink- pipe going to dishwasher is leaking

1st floor rear entry hall – light switch doesn't work

Space below this line is for NHS staff use only. Please use back of page if you require additional space.

RECEIVED BY _____ DATE _____