

# STATUTORY WARRANTY FORM



## 30-Day Form

**TO NOTIFY TARION OF OUTSTANDING WARRANTY ITEMS, COMPLETE AND SUBMIT THIS FORM BEFORE THE END OF THE FIRST 30 DAYS OF POSSESSION OF YOUR HOME.**

**YOU MAY SUBMIT ONLY ONE 30-DAY FORM.**

Submit this form to Tarion Warranty Corporation, located at 5160 Yonge Street, 12<sup>th</sup> Floor, Toronto, Ontario M2N 6L9, in person, by mail or courier, or by fax to 1-877-664-9710. See your *Homeowner Information Package* for details about submitting this Form. Send a copy of the completed Form to your Builder and keep a copy for yourself. Please print all information.

**Home Identification Information** (Refer to your Certificate of Completion and Possession to complete this box.)

<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/>	<input type="text"/>
Date of Possession (YYYY/MM/DD)		Vendor/Builder #	Enrolment #
<b>Civic Address</b> (address of your home under warranty):			
<input type="text"/>	<input type="text"/>		<input type="text"/>
Street Number	Street Name		Condo Suite # (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	Postal Code	Lot #	<input type="text"/>
<b>Contact Information of Homeowner(s):</b>			Project/Subdivision Name
<input type="text"/>		<input type="text"/>	
Homeowner's Name		Homeowner's Name (if applicable)	
<input type="text"/> ( ) -		<input type="text"/> ( ) -	
Daytime Phone Number		Daytime Phone Number	
<input type="text"/> ( ) -		<input type="text"/> ( ) -	
Evening Phone Number		Evening Phone Number	
<input type="text"/> ( ) -		<input type="text"/> ( ) -	
Fax Number		Fax Number	
<input type="text"/>		<input type="text"/>	
Email Address		Email Address	
<input type="checkbox"/> Check this box if you are not the original registered homeowner.		<input type="checkbox"/> Check this box if you are not the original registered homeowner.	

**Mailing Address for Correspondence to Homeowner** (if different from Civic Address above)

<input type="text"/>	<input type="text"/>		<input type="text"/>
Street Number	Street Name		Condo Suite # (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	Province	Postal Code	

For additional information about new home warranty protection, visit our website at [www.tarion.com](http://www.tarion.com) or call us at 1-877-9TARION (1-877-992-7466).

