

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, 12th 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 style="width: 90%; height: 25px;" type="text" value=" / /"/> Date of Possession (YYYY/MM/DD)	<input style="width: 90%; height: 25px;" type="text"/> Vendor/Builder #	<input style="width: 90%; height: 25px;" type="text"/> Enrolment #
Civic Address (address of your home under warranty):		
<input style="width: 100%; height: 25px;" type="text"/> Street Number	<input style="width: 90%; height: 25px;" type="text"/> Street Name	<input style="width: 100%; height: 25px;" type="text"/> Condo Suite # (if applicable)
<input style="width: 100%; height: 25px;" type="text"/> City/Town	<input style="width: 100%; height: 25px;" type="text"/> Postal Code	<input style="width: 100%; height: 25px;" type="text"/> Lot #
Contact Information of Homeowner(s):		<input style="width: 100%; height: 25px;" type="text"/> Project/Subdivision Name
<input style="width: 100%; height: 25px;" type="text"/> Homeowner's Name	<input style="width: 100%; height: 25px;" type="text"/> Homeowner's Name (if applicable)	
<input style="width: 100%; height: 25px;" type="text" value="() -"/> Daytime Phone Number	<input style="width: 100%; height: 25px;" type="text" value="() -"/> Daytime Phone Number	
<input style="width: 100%; height: 25px;" type="text" value="() -"/> Evening Phone Number	<input style="width: 100%; height: 25px;" type="text" value="() -"/> Evening Phone Number	
<input style="width: 100%; height: 25px;" type="text" value="() -"/> Fax Number	<input style="width: 100%; height: 25px;" type="text" value="() -"/> Fax Number	
<input style="width: 100%; height: 25px;" type="text"/> Email Address	<input style="width: 100%; height: 25px;" type="text"/> 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 style="width: 90%; height: 25px;" type="text"/> Street Number	<input style="width: 90%; height: 25px;" type="text"/> Street Name	<input style="width: 90%; height: 25px;" type="text"/> Condo Suite # (if applicable)
<input style="width: 100%; height: 25px;" type="text"/> City/Town	<input style="width: 100%; height: 25px;" type="text"/> Province	<input style="width: 100%; height: 25px;" type="text"/> Postal Code

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

