

CUSTOMER SERVICE REQUEST



<p>OFFICE USE ONLY JMC Rep Assigned: _____</p> <p>Appointment Date: ____/____/____</p> <p>Appointment Time: ____:____ AM/PM</p>
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TO ENSURE THAT YOUR REQUEST IS PROCESSED IN A TIMELY AND EFFICIENT MANNER, PLEASE COMPLETE THE ENTIRE TOP PORTION OF THIS FORM BEFORE SUBMITTING TO JMC HOMES. PLEASE PRINT-THANK YOU!

Date: ____/____/____ Subdivision: _____ Lot #: _____
 Name: _____ Home Phone: _____ Work/Cell: _____
 Address: _____ City: _____ Zip Code: _____
 Close of Escrow Date: ____/____/____ Original Homeowner: Yes No

PLEASE LIST ITEM(S) FOR INSPECTION:	LOCATION:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

**ALL REQUESTS MUST BE SUBMITTED IN WRITING TO THE JMC MAIN OFFICE BY FAX, MAIL, OR ONLINE.
 *BY ACCESSING THE JMC WEBSITE, YOU MAY EMAIL YOUR SERVICE REQUEST DIRECTLY TO THE CUSTOMER SERVICE DEPARTMENT OR DOWNLOAD A COPY OF THE SERVICE REQUEST TO MAIL OR FAX.**

**OFFICE ADDRESS: 1430 BLUE OAKS BLVD., STE 190, ROSEVILLE, CA 95747-7143
 PHONE: (916) 782-8879 ext. 224 or 225 FAX: (916) 782-8891
 JMC WEBSITE ADDRESS: www.jmchomes.com**

***DO NOT GIVE YOUR REQUEST FORM TO JOB SUPERINTENDENTS, SALES AGENTS, OR ANY OTHER JMC EMPLOYEE. KEEP A COPY OF ALL SERVICE REQUESTS FOR YOUR RECORDS. JMC DOES NOT PROVIDE COPIES OF SUBMITTED REQUESTS.**