

SCHEDULE OF REQUIRED MAINTENANCE FOR WARRANTY PURPOSES

BUILDING#: _____ PROJECT NAME & NUMBER: _____
 CONTRACTOR: _____

OWNER REQUIRED MAINTENANCE:

If **"NONE REQUIRED"**, sign and date here: _____

Printed Name: _____

If Maintenance is **required**, complete the below items and sign at the bottom of Page 2.

ITEM	TYPE	APPROXIMATE DATES
_____	_____	_____
DEPARTMENT	_____	_____
_____	_____	_____
_____	_____	_____

ITEM	TYPE	APPROXIMATE DATES
_____	_____	_____
DEPARTMENT	_____	_____
_____	_____	_____
_____	_____	_____

ITEM	TYPE	APPROXIMATE DATES
_____	_____	_____
DEPARTMENT	_____	_____
_____	_____	_____
_____	_____	_____

ITEM	TYPE	APPROXIMATE DATES
_____	_____	_____
DEPARTMENT	_____	_____
_____	_____	_____
_____	_____	_____

SCHEDULE OF REQUIRED MAINTENANCE FOR WARRANTY PURPOSES

OWNER REQUIRED MAINTENANCE, CONTINUED:

ITEM	TYPE	APPROXIMATE DATES
_____	_____	_____
DEPARTMENT	_____	_____
_____	_____	_____
_____	_____	_____

ITEM	TYPE	APPROXIMATE DATES
_____	_____	_____
DEPARTMENT	_____	_____
_____	_____	_____
_____	_____	_____

ITEM	TYPE	APPROXIMATE DATES
_____	_____	_____
DEPARTMENT	_____	_____
_____	_____	_____
_____	_____	_____

ITEM	TYPE	APPROXIMATE DATES
_____	_____	_____
DEPARTMENT	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

TITLE: _____