



WAIHONU A  
AT KEWALO

RESIDENCE WARRANTY SERVICE REQUEST

1. Please use this form to submit non-emergency warranty service requests. List item(s) in detail.
2. You may submit this form to [waihonuawarranty@gmail.com](mailto:waihonuawarranty@gmail.com).
3. Warranty service appointments are made Monday through Friday from 8:00 AM to 4:00 PM.
4. Please refer to your Homeowner's Manual for information on the Warranty Program.
5. Please call (808) 754-3295 should you have any questions.

NAME:	UNIT #:	DATE:
BEST WAY TO CONTACT YOU: [ ] PHONE:		
[ ] EMAIL:		

WARRANTY SERVICE REQUESTED <i>Specify Location in Unit. Please print legibly. More space on back of this form.</i>	<i>Office Use Only</i>			
	Trade	Work Order	Scheduled Date/Time	Date Completed

<i>If you will be home, what are your available days and times for a service appointment?</i>	DAY (Monday – Friday)	TIME (8:00am – 4:00pm)
	1.	
	2.	
	3.	
<i>If you will NOT be home, please initial to authorize the Building Staff to act on your behalf to grant access to the tradesperson(s) to make repairs in accordance with the above mentioned issue(s).</i>	<i>INITIAL HERE: _____</i>	

\_\_\_\_\_  
*Owner Requesting Warranty Service (Signature)*

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ACKNOWLEDGEMENT UPON COMPLETION OF REPAIRS

\_\_\_\_\_  
Owner's Acceptance (Signature)

\_\_\_\_\_  
Date Repairs Completed