



CABINETS ■ MILLWORK

## WARRANTY or SERVICE FORM

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Owner Information	Building Information
Name _____	Occupant (if different) _____
Address _____	Unit Number _____
City, Province _____	Address _____
Phone _____	City, Province _____
Email _____	General Contractor _____
Project name _____	Completion date _____

**Item that requires service**  
*Include all relevant information, including location of item damaged, how it was damaged, when you became aware of the issue.*

### Benson Inspection Notes

Inspected by/on \_\_\_\_\_

### Conclusion

Proposal to complete work, if applicable and associated cost, if applicable.

Submitted by (Company Representative) \_\_\_\_\_

Date \_\_\_\_\_

### Owner Acceptance

I (owner name) accept the above scope of work, proposed to be completed by Benson for the material and labour charges as noted.

Submitted by (home owner or authorized representative) \_\_\_\_\_ Date \_\_\_\_\_

Email to: info@bensoncm.com

GOOD, BETTER, BENSON.