

**WAKE COUNTY CAPITAL IMPROVEMENT PROJECT**  
**REQUEST/REPORT FOR CONTRACTOR WARRANTY SERVICE**

Date \_\_\_\_\_, 20\_\_\_\_

Building/Project: \_\_\_\_\_

Room No./Location: \_\_\_\_\_

Facility User Reporting Problem: \_\_\_\_\_

Name

Telephone No.

Date and Time Problem First Noticed: \_\_\_\_\_

Date

Time

**Mechanic's Report:**

Detailed Description of Problem/Services Requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigated by General Services: \_\_\_\_\_

Name

Date

Physical Plant Director Approval: \_\_\_\_\_

Name

Date

Copies To: \_\_\_\_\_

**BELOW THIS LINE TO BE COMPLETED BY CONSTRUCTION MANAGEMENT**

Received By: \_\_\_\_\_

Name

Date

Project No.: \_\_\_\_\_ Warranty Expiration Date: \_\_\_\_\_

Previous Request: \_\_\_\_\_

Contractor: \_\_\_\_\_

Name

Telephone No.

Name

Telephone No.

Contractor Notification: \_\_\_\_\_

Person Contacted

Date

Contractor Response: \_\_\_\_\_

Service Completion: \_\_\_\_\_

Verified by

Date

Copies To: \_\_\_\_\_