



30-Day Form

TO NOTIFY TARION OF OUSTANDING WARRANTY ITEMS, COMPLETE AND SUBMIT THIS FORM BEFORE THE END OF THE FIRST 30 DAYS OF POSSESSION OF YOUR HOME.

YOU MAY SUBMIT ONLY ONE 30-DAY FORM.

Submit this Form to the Tarion Customer Centre, located at 5150 Yonge Street, Concourse Level, Toronto, Ontario M2N 6L8, in person, by mail or courier, or by fax to 1-877-664-9710. See your *Homeowner Information Package* for details about submitting this Form. Send a copy of the completed Form to your Builder and keep a copy for yourself. Please print all information.

Home Identification Information (Refer to your Certificate of Completion and Possession to complete this box.)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Possession (YYYY/MMDD)	Vendor/Builder #	Enrolment #
Civic Address (address of your home under warranty):		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Street Name	Condo Suite # (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	Postal Code	Lot #
Contact Information of Homeowner(s):		Project/Subdivision Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Homeowner's Name	Homeowner's Name (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone Number	Daytime Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Evening Phone Number	Evening Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax Number	Fax Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Email Address	
<input type="checkbox"/> Check this box if you are not the original registered homeowner.	<input type="checkbox"/> Check this box if you are not the original registered homeowner.	

Mailing Address for Correspondence to Homeowner (if different from Civic Address above)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Street Name	Condo Suite # (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	Province	Postal Code

