



## Year-End Form

**TO NOTIFY TARION OF OUTSTANDING WARRANTY ITEMS, COMPLETE AND SUBMIT THIS FORM  
IN THE FINAL 30 DAYS OF THE FIRST YEAR OF POSSESSION OF YOUR HOME.**

**YOU MAY SUBMIT ONLY ONE YEAR-END FORM.**

For additional information about new home warranty protection, visit our website at [www.tarion.com](http://www.tarion.com) or call us at 1-877-9TARION (1-877-982-7466).

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 style="width: 95%; height: 25px;" type="text"/> Date of Possession (YYYY/MM/DD)	<input style="width: 95%; height: 25px;" type="text"/> Vendor/Builder #	<input style="width: 95%; height: 25px;" type="text"/> Enrolment #
<b>Civic Address</b> (address of your home under warranty):		
<input style="width: 15%; height: 25px;" type="text"/> Street Number	<input style="width: 50%; height: 25px;" type="text"/> Street Name	<input style="width: 15%; height: 25px;" type="text"/> Condo Suite # (if applicable)
<input style="width: 25%; height: 25px;" type="text"/> City/Town	<input style="width: 15%; height: 25px;" type="text"/> Postal Code	<input style="width: 10%; height: 25px;" type="text"/> Lot #
<b>Contact Information of Homeowner(s):</b>		Project/Subdivision Name
<input style="width: 95%; height: 25px;" type="text"/> Homeowner's Name	<input style="width: 95%; height: 25px;" type="text"/> Homeowner's Name (if applicable)	
<input style="width: 95%; height: 25px;" type="text"/> Daytime Phone Number	<input style="width: 95%; height: 25px;" type="text"/> Daytime Phone Number	
<input style="width: 95%; height: 25px;" type="text"/> Evening Phone Number	<input style="width: 95%; height: 25px;" type="text"/> Evening Phone Number	
<input style="width: 95%; height: 25px;" type="text"/> Fax Number	<input style="width: 95%; height: 25px;" type="text"/> Fax Number	
<input style="width: 95%; height: 25px;" type="text"/> Email Address	<input style="width: 95%; height: 25px;" type="text"/> 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 style="width: 95%; height: 25px;" type="text"/> Street Number	<input style="width: 95%; height: 25px;" type="text"/> Street Name	<input style="width: 95%; height: 25px;" type="text"/> Condo Suite # (if applicable)
<input style="width: 25%; height: 25px;" type="text"/> City/Town	<input style="width: 15%; height: 25px;" type="text"/> Province	<input style="width: 15%; height: 25px;" type="text"/> Postal Code

