

# STATUTORY WARRANTY FORM



## Second-Year Form

**TO NOTIFY TARION OF OUTSTANDING WARRANTY ITEMS, COMPLETE AND SUBMIT THIS FORM DURING THE SECOND YEAR OF POSSESSION OF YOUR HOME.**

**YOU MAY SUBMIT MORE THAN ONE SECOND-YEAR FORM IF NEW ITEMS ARISE.**

You may submit an online version of this form through Tarion's homeowner service called MyHome. Register today at [www.tarion.com](http://www.tarion.com). You may also submit this form to Tarion Warranty Corporation, located at 5160 Yonge Street, 12th Floor, Toronto, Ontario M2N 6L9, in person, by mail or courier. Send a copy of this completed form to your builder and keep a copy for yourself. Please print all information.

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).

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

|  |  |                                  |  |
|--|--|----------------------------------|--|
| <input type="text"/> / <input type="text"/> / <input type="text"/> |  | <input type="text"/>             | <input type="text"/>   |
| Date of Possession (YYYY/MM/DD)                                    |  | Vendor/Builder #                 | Enrolment #  |
| <b>Civic Address</b> (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"/>             | <input type="text"/>   |
| City/Town  | Postal Code  | Lot #                            | <input type="text"/>   |
| <b>Contact Information of Homeowner(s):</b>                        |  |                                  | Project/Subdivision Name   |
| <input type="text"/>   |  | <input type="text"/>             |  |
| Homeowner's Name   |  | Homeowner's Name (if applicable) |  |
| <input type="text"/> ( ) -   | <input type="text"/>   | <input type="text"/> ( ) -       | <input type="text"/>   |
| Daytime Phone Number   |  | Daytime Phone Number             |  |
| <input type="text"/> ( ) -   | <input type="text"/>   | <input type="text"/> ( ) -       | <input type="text"/>   |
| Evening Phone Number   |  | Evening Phone Number             |  |
| <input type="text"/> ( ) -   | <input type="text"/>   | <input type="text"/> ( ) -       | <input type="text"/>   |
| Fax Number   |  | Fax Number                       |  |
| <input type="text"/>   | <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                   |

### Outstanding Warranty Items

Check the applicable boxes and describe within the appropriate categories below, any second year warranty items that you wish to report. If you require more space, please supply additional pages and reference the numbered items in this table.

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>1. Water penetration of basement or foundation</b>   |
|                          |   |
|                          |   |
| <input type="checkbox"/> | <b>2. Water penetration of the rest of your building envelope (e.g. windows, doors, roof, exterior walls)</b> |
|                          |   |
|                          |   |
| <input type="checkbox"/> | <b>3. Electrical system defects (e.g. wires, conduits, pipes, junctions, switches, receptacles and seals)</b> |
|                          |   |
|                          |   |
| <input type="checkbox"/> | <b>4. Plumbing system defects (e.g. wires, conduits, pipes, junctions, switches, receptacles and seals)</b>   |
|                          |   |
|                          |   |
| <input type="checkbox"/> | <b>5. Heating system defects (e.g. wires, conduits, pipes, junctions, switches, receptacles and seals)</b>    |
|                          |   |
|                          |   |
| <input type="checkbox"/> | <b>6. Exterior cladding defects (e.g. exterior wall coverings, including siding and above grade masonry)</b>  |
|                          |   |
|                          |   |
| <input type="checkbox"/> | <b>7. Major structural defects</b>  |
|                          |   |
|                          |   |
| <input type="checkbox"/> | <b>8. Violations of the Ontario Building Code's health and safety provisions</b>                              |
|                          |   |
|                          |   |

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The items specified on this Statutory Warranty Form constitute a complete list of all known two year warranty items which are outstanding and have not been resolved by my Builder to date.

Homeowner's Signature

Homeowner's Signature (if applicable)

/  /

Date of Signature (YYYY/MM/DD)

**Remember to send a copy of this completed Form to your Builder.**

Please note that you should allow your Builder's representatives or subcontractors access to your home during regular business hours, at a mutually acceptable time arranged in advance, in order to complete the necessary work. Failure to do so may jeopardize your warranty rights.