



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 style="width: 90%; height: 25px;" type="text" value=" / /"/> Date of Possession (YYYY/MM/DD)	<input style="width: 90%; height: 25px;" type="text"/> Vendor/Builder #	<input style="width: 90%; height: 25px;" type="text"/> Enrolment #
Civic Address (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: 20%; height: 25px;" type="text"/> Condo Suite # (if applicable)
<input style="width: 30%; height: 25px;" type="text"/> City/Town	<input style="width: 15%; height: 25px;" type="text"/> Postal Code	<input style="width: 15%; height: 25px;" type="text"/> Lot #
Contact Information of Homeowner(s):		Project/Subdivision Name
<input style="width: 90%; height: 25px;" type="text"/> Homeowner's Name	<input style="width: 90%; height: 25px;" type="text"/> Homeowner's Name (if applicable)	
<input style="width: 15%; height: 25px;" type="text"/> () - Daytime Phone Number	<input style="width: 15%; height: 25px;" type="text"/> () - Daytime Phone Number	
<input style="width: 15%; height: 25px;" type="text"/> () - Evening Phone Number	<input style="width: 15%; height: 25px;" type="text"/> () - Evening Phone Number	
<input style="width: 90%; height: 25px;" type="text"/> Fax Number	<input style="width: 90%; height: 25px;" type="text"/> Fax Number	
<input style="width: 90%; height: 25px;" type="text"/> Email Address	<input style="width: 90%; 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: 90%; height: 25px;" type="text"/> Street Number	<input style="width: 90%; height: 25px;" type="text"/> Street Name	<input style="width: 90%; height: 25px;" type="text"/> Condo Suite # (if applicable)
<input style="width: 30%; 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

