



Mailing Address: 15705 S. 169 Highway, Suite 101 - Olathe, KS 66062
Fax Number: 913-390-9717

Warranty Service Instruction Sheet

INSTRUCTIONS FOR PAGE TWO

- COMPLETE THE NAME, ADDRESS, PHONE NUMBERS BOX.
- MARK THE APPROPRIATE WARRANTY PERIOD.
- LIST THE SPECIFIC ITEMS THAT NEED ATTENTION.
- SIGN AND DATE IN THE WARRANTY SUBMISSION BOX OF THIS PAGE BELOW
- MAIL OR FAX TO BROWN MIDWEST. DO NOT HAND DELIVER.

After we receive your list, a **Response Letter** will be sent to you for your signature specifying who will be responsible for each listed warranty item. **After we receive your signature on the Response Letter** you will be contacted by the Brown Midwest Service Department and an appointment will be set for the earliest possible date. All appointments are scheduled Monday through Friday beginning at 8:30 a.m. It is necessary that the homeowner be present during the scheduled service.

The Brown Midwest Service Department will correct as many items on the list as possible. However, there may be items on the list that require that attention of a specific trade. The Brown Midwest Service Department will note these on the list and will contact the contractors.

NOTE: Paint touch-ups are not a part of the One Year Limited Warranty.

NOTE: ANY WORK DONE OUTSIDE OF THE WARRANTY WOULD CONSTITUTE AN AGREEMENT BETWEEN THE HOMEOWNER AND THE PERSON DOING THE WORK. BROWN MIDWEST ASSUMES NO RESPONSIBILITY OR LIABILITY FOR THE WORKMEN OR WORKMANSHIP.

<p>WARRANTY SUBMISSION **AFTER SIGNING NO FURTHER ITEMS MAY BE ADDED TO THE LIST**</p> <p>HOMEOWNER: _____ DATE: _____</p>

<p>BROWN MIDWEST SERVICE COMPLETION</p> <p>BMW SERVICE MANAGER: _____ DATE: _____</p>

Warranty Service Homeowner Worksheet

HOMEOWNER(S): _____	ADDRESS: _____	
Phone: (H) _____	(W) _____	(C) _____
Phone: (H) _____	(W) _____	(C) _____
Email Address: _____	Email Address: _____	

- 60-DAY LIST
- 11-MONTH LIST (STRUCTURAL ONLY)

<u>BMW USE</u>	<u>ITEM #</u>	<u>DESCRIPTION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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