

**WARRANTY MEMORANDUM NO.:** \_\_\_\_\_

Date Issued: \_\_\_\_\_

Project Name: «Contract»  
\_\_\_\_\_

To: Company: «Contractor»  
\_\_\_\_\_

Attention: «Contact»  
\_\_\_\_\_

Address: «Address\_Line\_1»  
\_\_\_\_\_

«Address\_Line\_2»  
\_\_\_\_\_

**Date Deficiency Discovered:** \_\_\_\_\_

**Description, Location, and Impact of Deficiency:**

Contractor personnel aware or notified of the deficiency:

Name, Title: \_\_\_\_\_

Date Notified: \_\_\_\_\_

CONTRACTOR: PLEASE RETURN A COPY OF THIS ENTIRE FORM WITH THE INFORMATION REQUESTED TO:

HRSD  
DESIGN & CONSTRUCTION DIVISION  
P.O. BOX 5911  
VIRGINIA BEACH, VA 23471-0911

**Date of Resolution:** \_\_\_\_\_

**Description of Remedy:**