

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: