

# STATUTORY WARRANTY FORM



## Major Structural Defect Form

**TO NOTIFY TARION OF A MAJOR STRUCTURAL DEFECT, COMPLETE AND SUBMIT THIS FORM ANY TIME DURING THE THIRD THROUGH THE SEVENTH YEAR OF POSSESSION OF YOUR HOME.**

**YOU MAY SUBMIT MORE THAN ONE MAJOR STRUCTURAL DEFECT FORM.**

Submit this Form to Tarion Warranty Corporation, located at 5160 Yonge Street, 12<sup>th</sup> Floor, Toronto, Ontario M2N 6L9, 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 type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/>	<input type="text"/>
Date of Possession (YYYY/MM/DD)		Vendor/Builder Name and #	Enrolment #
<b>Civic Address</b> (address of your home under warranty):			
<input type="text"/>	<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"/>	<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	Province	Postal Code	

