



TO NOTIFY TARION OF OUTSTANDING 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.

You may submit an online version of this form through Tarion's homeowner service called MyHome. Register today at www.tarion.com. You may also submit this form to Tarion Warranty Corporation, located at 5160 Yonge Street, 12th Floor, Toronto, Ontario M2N 6L9, in person, by mail or courier. Send a copy of this 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: 100%; height: 25px;" type="text"/> / <input style="width: 100%; height: 25px;" type="text"/> / <input style="width: 100%; height: 25px;" type="text"/> Date of Possession (YYYY/MM/DD) | <input style="width: 100%; height: 25px;" type="text"/> Vendor/Builder # | <input style="width: 100%; height: 25px;" type="text"/> Enrolment # |
| Civic Address (address of your home under warranty): | | |
| <input style="width: 100%; height: 25px;" type="text"/> Street Number | <input style="width: 100%; height: 25px;" type="text"/> Street Name | <input style="width: 100%; height: 25px;" type="text"/> Condo Suite # (if applicable) |
| <input style="width: 100%; height: 25px;" type="text"/> City/Town | <input style="width: 100%; height: 25px;" type="text"/> Postal Code | <input style="width: 100%; height: 25px;" type="text"/> Lot # |
| Contact Information of Homeowner(s): | | <input style="width: 100%; height: 25px;" type="text"/> Project/Subdivision Name |
| <input style="width: 100%; height: 25px;" type="text"/> Homeowner's Name | <input style="width: 100%; height: 25px;" type="text"/> Homeowner's Name (if applicable) | |
| <input style="width: 100%; height: 25px;" type="text"/> () - Daytime Phone Number | <input style="width: 100%; height: 25px;" type="text"/> () - Daytime Phone Number | |
| <input style="width: 100%; height: 25px;" type="text"/> () - Evening Phone Number | <input style="width: 100%; height: 25px;" type="text"/> () - Evening Phone Number | |
| <input style="width: 100%; height: 25px;" type="text"/> () - Fax Number | <input style="width: 100%; height: 25px;" type="text"/> () - Fax Number | |
| <input style="width: 100%; height: 25px;" type="text"/> Email Address | <input style="width: 100%; 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: 100%; height: 25px;" type="text"/> Street Number | <input style="width: 100%; height: 25px;" type="text"/> Street Name | <input style="width: 100%; height: 25px;" type="text"/> Condo Suite # (if applicable) |
| <input style="width: 100%; height: 25px;" type="text"/> City/Town | <input style="width: 100%; height: 25px;" type="text"/> Province | <input style="width: 100%; height: 25px;" type="text"/> Postal Code |

For additional information about new home warranty protection, visit our website at www.tarion.com or call us at 1-877-91TARION (1-877-982-7466).

Enrolment #

Outstanding items must be specifically listed and described.

A reference to the Pre-Delivery Inspection Form or to other documentation will not be accepted.

Outstanding Items

List all outstanding items covered by the statutory warranty in the table below. If you require more space, please make copies of this page, number them and attach them to this Statutory Warranty Form.

| Item # | Room/Location | Description |
|--------|---------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

For additional information about new home warranty protection, visit our website at www.tarion.com or call us at 1-877-9TARION (1-877-982-7466).

The items specified on this Statutory Warranty Form constitute a complete list of all known warranty items which are outstanding and have not been resolved by my Builder to date.

Homeowner's Signature

Date of Signature (YYYY/MM/DD)

Homeowner's Signature (if applicable)

Remember to send a copy of this completed Form to your Builder.

Please note that you should allow your Builder's representatives or subcontractors access to your home during regular business hours, at a mutually acceptable time arranged in advance, in order to complete the necessary work. Failure to do so may jeopardize your warranty rights.



Year-End Form

**TO NOTIFY TARION OF OUTSTANDING WARRANTY ITEMS, COMPLETE AND SUBMIT THIS FORM
IN THE FINAL 30 DAYS OF THE FIRST YEAR OF POSSESSION OF YOUR HOME.**

YOU MAY SUBMIT ONLY ONE YEAR-END FORM.

You may submit an online version of this form through Tarion's homeowner service called MyHome. Register today at www.tarion.com. You may also submit this form to Tarion Warranty Corporation, located at 5160 Yonge Street, 12th Floor, Toronto, Ontario M2N 6L9, in person, by mail or courier. Send a copy of this 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: 100%; height: 25px;" type="text"/> / <input style="width: 100%; height: 25px;" type="text"/> / <input style="width: 100%; height: 25px;" type="text"/> Date of Possession (YYYY/MM/DD) | <input style="width: 100%; height: 25px;" type="text"/> Vendor/Builder # | <input style="width: 100%; height: 25px;" type="text"/> Enrolment # |
| Civic Address (address of your home under warranty): | | |
| <input style="width: 100%; height: 25px;" type="text"/> Street Number | <input style="width: 100%; height: 25px;" type="text"/> Street Name | <input style="width: 100%; height: 25px;" type="text"/> Condo Suite # (if applicable) |
| <input style="width: 100%; height: 25px;" type="text"/> City/Town | <input style="width: 100%; height: 25px;" type="text"/> Postal Code | <input style="width: 100%; height: 25px;" type="text"/> Lot # |
| Contact Information of Homeowner(s): | | <input style="width: 100%; height: 25px;" type="text"/> Project/Subdivision Name |
| <input style="width: 100%; height: 25px;" type="text"/> Homeowner's Name | <input style="width: 100%; height: 25px;" type="text"/> Homeowner's Name (if applicable) | |
| <input style="width: 100%; height: 25px;" type="text"/> () - Daytime Phone Number | <input style="width: 100%; height: 25px;" type="text"/> () - Daytime Phone Number | |
| <input style="width: 100%; height: 25px;" type="text"/> () - Evening Phone Number | <input style="width: 100%; height: 25px;" type="text"/> () - Evening Phone Number | |
| <input style="width: 100%; height: 25px;" type="text"/> Fax Number | <input style="width: 100%; height: 25px;" type="text"/> Fax Number | |
| <input style="width: 100%; height: 25px;" type="text"/> Email Address | <input style="width: 100%; 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: 100%; height: 25px;" type="text"/> Street Number | <input style="width: 100%; height: 25px;" type="text"/> Street Name | <input style="width: 100%; height: 25px;" type="text"/> Condo Suite # (if applicable) |
| <input style="width: 100%; height: 25px;" type="text"/> City/Town | <input style="width: 100%; height: 25px;" type="text"/> Province | <input style="width: 100%; height: 25px;" type="text"/> Postal Code |

For additional information about new home warranty protection, visit our website at www.tarion.com or call us at 1-877-9TARION (1-877-982-7466).

Enrolment #

You may submit only one Year-End Form, so be sure it is complete.

Tarion will only accept and act on the first Year-End Form that has been properly submitted on time.

Outstanding Items

List all outstanding items covered by the statutory warranty in the table below. If you are reporting a Special Seasonal Item, please also check the box below. If you require more space, please make copies of this page, number them and attach them to this Statutory Warranty Form.

Check this box to report an outstanding Special Seasonal Item such as grading, sodding, walkways or paving. Please also provided details below.

| Item # | Room/Location | Description |
|--------|---------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

The items specified on this Statutory Warranty Form constitute a complete list of all known warranty items which are outstanding and have not been resolved by my Builder to date.

Homeowner's Signature

/ /
Date of Signature (YYYY/MM/DD)

Homeowner's Signature (if applicable)

Remember to send a copy of this completed Form to your Builder.

Please note that you should allow your Builder's representatives or subcontractors access to your home during regular business hours, at a mutually acceptable time arranged in advance, in order to complete the necessary work. Failure to do so may jeopardize your warranty rights.

For additional information about new home warranty protection, visit our website at www.tarion.com or call us at 1-877-91TARION (1-877-982-7466).

STATUTORY WARRANTY FORM



Second-Year Form

Condominium Common Element Claim

TO NOTIFY TARION OF SECOND YEAR DEFICIENCY ITEMS, COMPLETE AND SUBMIT THIS FORM DURING THE SECOND YEAR FOLLOWING CONDOMINIUM REGISTRATION.

Submit this form to Tarion Customer Centre Condominium Group, at 5160 Yonge Street, 12th Floor, Toronto, Ontario M2N 6L9, in person, by mail or courier. Also send a copy of the completed form to your vendor and keep a copy for your records. Please print clearly.

Condominium Project Identification Information

| | | | | | |
|---|--|---------------------------------------|--|-------------------------|--------------|
| / / | | | | | |
| Date of Registration (YYYY/MM/DD) | | Vendor Name and Tarion Registration # | | Enrolment # | |
| Civic Address of Condominium Project: | | | | | |
| | | | | | |
| Street Number | | Street Name | | Phase # (if applicable) | |
| | | | | | |
| City/Town | | Province | Postal Code | Lot # | Project Name |
| Condominium Corporation Contact Information: | | | | | |
| | | | | | |
| Condominium Corporation Name | | | Property Manager or Designate Name (if applicable) | | |
| | | | () - | | |
| Contact Name | | | Business Phone Number | | |
| | | | () - | | |
| Position | | | Cell Phone Number | | |
| () - | | | () - | | |
| Business Phone Number | | | Fax Number | | |
| () - | | | | | |
| Cell Phone Number | | | Email Address | | |
| () - | | | | | |
| Fax Number | | | | | |
| | | | | | |
| Email Address | | | | | |

Condominium Corporation Mailing Address

| | | | | | |
|---------------|--|-------------|--|-------------|--|
| | | | | | |
| Street Number | | Street Name | | | |
| | | | | | |
| City/Town | | Province | | Postal Code | |

For additional information about new home warranty protection, visit our website at www.tarion.com or call us at 1-877-9TARION (1-877-982-7466).

Outstanding Items:

List below all items you are claiming under the second year statutory warranty. If you need more space to list your items, make copies of this page, number the items consecutively, and attach them to this Statutory Warranty Form. Alternatively, instead of using the table below, you may attach a performance audit accompanied by the Performance Audit Tracking Summary which can be found at www.tarion.com.

Note: Attach all documentation/reports/photos that support your claim.

| Item # | Location | Description |
|--------|----------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Declaration by Condominium Corporation:

I confirm that the information contained herein lists all warranty claims accurately and clearly reflects the nature of the claims involved. I understand that failure to disclose all information related to the nature and extent of each deficiency and/or failure to provide adequate details to Tarion may result in a denial of the condominium corporation's warranty claims.

| | |
|--|-----------------------|
| <input type="text"/> | |
| Condominium Corporation Name | |
| <input type="text"/> | <input type="text"/> |
| Contact Name | Address |
| <input type="text"/> | () - |
| Position | Business Phone Number |
| <input type="text"/> | () - |
| Signature | Cell Phone Number |
| "I have the authority to bind the Corporation" | () - |
| <input type="text"/> / <input type="text"/> | Fax Number |
| Date | |

Please note that you should allow your vendor's representatives or subcontractors to access the condominium building and units (as required) during regular business hours, at a mutually acceptable time arranged in advance, in order to complete the necessary work. Failure to do so may jeopardize your warranty rights.