



DEFICIENCY REPORT

HOME OWNER INFORMATION

Project Name:		Name:	
Lot / Unit #:		Phone (Home)	
Address:		Phone (Cell)	
City:		Phone (Alt)	
Province:		Email Address:	
Postal Code:		Today's Date:	
Move - in Date:			

DEFICIENCY INFORMATION (if applicable)

Deficiency Area:	
Deficiency Description:	

PLEASE EMAIL THIS TO KRISTA@VOLUMEFLOORS.CA ALONG WITH A **PICTURE** OF THE DEFECTIVE AREA

FOR COMPANY USE BELOW THIS LINE

INSPECTOR INFORMATION

Name:		Date:	
Contact:			

INSTALLATION INFORMATION

Installer:	
Installation Date:	

PRODUCT INFORMATION

Vendor:	
Style Name/Number:	
Color Name/Number:	
Footage involved in claim:	
Type of Surface:	

Inspection Photos :
