



HOME REGISTRATION FORM

RESIDENTIAL WARRANTY PROGRAM

BUILDER INFORMATION

Member Registration Number _____ Builder's Office # _____ Builder's Cell # _____

Company Name _____ Address _____

Postal Code _____

Please send my confirmation memorandum to: Fax # _____ or Email _____

HOME INFORMATION

Delta MS Foundation Wrap (Consella - Dorken)

The 1 & 8 Year Lux Home Warranty Program

Type of Registration and Fee (per unit)

- Single Unit -Regular Member (R) \$ 420.00 + HST or GST
- Single Unit -Probationary Member (PB) \$ 555.00 + HST or GST
- Semi-Detached / Duplex Same as Single - Per Unit
- Row / Townhouse Same as Single - Per Unit
- Extend Warranty to 10 years \$ 200.00 + HST or GST

Unit Details

Civic # _____ or LOT # _____ Street: _____

PRE-SOLD

City: _____ Province: _____

ON SPEC

Start Date: _____

Check all that apply:			
<p>Unit Description</p> <p><input type="checkbox"/> 1 Storey</p> <p><input type="checkbox"/> 2 Storey</p> <p><input type="checkbox"/> 3 Storey</p> <p><input type="checkbox"/> Garage (Attached)</p> <p><input type="checkbox"/> Garage (Detached)</p> <p><input type="checkbox"/> Carport (Attached)</p>	<p>Type of Building</p> <p><input type="checkbox"/> Site Built</p> <p><input type="checkbox"/> Pre-Fabricated</p> <p><input type="checkbox"/> Manufactured</p> <p><input type="checkbox"/> Walkout Basement</p>	<p>Foundation</p> <p><input type="checkbox"/> Concrete</p> <p><input type="checkbox"/> Footing on undisturbed Soil</p> <p><input type="checkbox"/> Footing on Compacted Fill <i>(engineer report required)</i></p> <p><input type="checkbox"/> Exterior Basement Entrance</p> <p><input type="checkbox"/> Insulated Concrete Forms</p> <p><input type="checkbox"/> Other: _____</p>	<p>Heating</p> <p><input type="checkbox"/> FHA</p> <p><input type="checkbox"/> Radiant</p> <p><input type="checkbox"/> Oil</p> <p><input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Electric</p> <p><input type="checkbox"/> Other: _____</p>

Please fax application to: (506) 854-6330 and mail cheque to:

Lux Residential Warranty Program Inc,

P.O. Box 27046. Dieppe, NB. E1A 6V3 **Toll-Free:** (877) 854-4432 or **Ph.** (506) 854-4432

It is understood and agreed by the Builder that the information on this form is collected for the registering of this property in the *Lux Residential Warranty Program*. Each home registration must be issued a separate registration in order for a unit to be registered into the program.

Authorization: *I declare that all information in this form is accurate and complete in all aspects*

Builder: (PRINT FULL NAME) _____

Signature of Builder: _____

Date: _____

PLEASE RETAIN A COPY OF THIS APPLICATION FORM FOR RECEIPT PURPOSES!