



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: _____ Selling Price: _____

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

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!