

America's Preferred Data Collection Form Home Warranty

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This form must be submitted within 60 days of closing.	1. Property Information Home Warranty Contract N	l Number (Required):	
	Address:		
	City:	State:	Zip:
	Client's Name:		
Home Warranty Has Been Waived			
	2. Data Collection		
	Date Inspected	House/Square Footage*	Number of Beds*
Property Professionally Inspected	Number of Baths #*	Garage Type [*] □ None □1 Car Attached □1 Car Detached	
		☐ 2+Car Attached ☐ 2+Car Detached	
	3. Appliance Brand Names Brand required. Please provide model and/or serial number when reasonably available.		
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	Range Brand*	Furnace/Heat Source Brand*	AC Brand*
	Range - Model/Serial #	Furnace/Heat Source - Model/Serial #	A/C - Model/Serial #
	Refrigerator Brand*	Dishwasher Brand*	Water Heater Brand*
	Refrigerator - Model/Serial #	Dishwasher - Model/Serial #	Water Heater - Model/Serial #
	Water Source* (Check all that apply)		
	☐ City Water ☐ City Sewer ☐ Septic ☐ Well *= Requ		* = Required
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	4. Agent Information		
	Agent Name:		Date:
	Real Estate Office:		
	City:	State:	Zip:
	E-mail:		
	I am representing: □Buye	r □ Seller □ Buyer/Seller	

SUBMIT