Clear Form

STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
ARCHITECTURE AND ENGINEERING DIVISION
1500 East Sixth Avenue • P.O. Box 200103 • Helena MT
59620-0103 Phone: 406 444-3104

WARRANTY DEFICIENCY NOTICE

Project Name:
Location:

A/E #:
Notice #:
Date:

To:

Phone#:
Fax#:

From:

Phone#:
Fax#:

In accordance with the conditions of the Contract, this document shall serve as formal notice from the Owner to the Contractor of an observed defect. The Contractor shall respond within seven (7) calendar days after receipt of this notice and shall proceed to immediately remedy the defect. Should the Contractor fail to respond to this notice or not remedy the defect, the owner will have the defect corrected at the expense of the Contractor.

Description & Location of Deficiency:

Did the defect damage any property? ☐ Yes ☐ No
If yes, please explain:

CONTRACTOR RESPONSE

Corrective work scheduled to Start: Date:
By (list subcontractor, if appropriate):

Description of the work performed & reasons why:

Defects Corrected on: Date: _____ By (signature): _____
Contractor: Date: _____ By (signature): _____

Distribution: ☐ Owner ☐ Agency ☐ Architect ☐ Contractor ☐ Engineer ☐ Other