



## WARRANTY DEFICIENCY NOTICE

Project Name:  
 Location:

DMA #:  
 Notice #:  
 Date:

To:

Phone#:  
 Fax#:

From: Department of Military Affairs  
 PO Box 4789, 1956 Mt. Majo St.  
 Fort Harrison, MT 59636-4789

Phone#: 406-324-3070  
 Fax#: 406-449-5148

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  Architect  Engineer  
 Agency  Contractor  Other