



STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
ARCHITECTURE AND ENGINEERING DIVISION
 1520 East Sixth Avenue • P.O. Box 200103 • Helena MT
 59620-0103 Phone: 406 444-3104 • Fax: 406 444-3399

WARRANTY DEFICIENCY NOTICE

Project Name:	A/E #:
Location:	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	Architect	Engineer
	Agency	Contractor	Other