



Home Warranty, Inc.

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**This form must be
submitted within
60 days of closing.**

DATA COLLECTION FORM

Property Information

Home Warranty Contract Number *(Required)*: _____

Address: _____

City: _____ State: _____ Zip: _____

Client's Name: _____

Client's E-mail: _____

Client's Phone: _____

Closing Date: _____

Was this property professionally inspected? Yes No

Date of Inspection: _____

Housing Information

Single Family Condo Duplex

Triplex Fourplex

New Home Construction

Foreclosure/Bank Owned

Number of Beds/Bath: _____ / _____

House Size: _____ sq. ft.

Garage Type: None 1 Car 2 or More

Equipment Information

Primary System/Appliance

Brand Name

Range

Furnace/Heat Source

Air Conditioner

Water Heater

Refrigerator

Dishwasher

Agent Information

Name: _____ Date: _____

Real Estate Office: _____

City: _____ State: _____

E-mail: _____