

## Application for dispute resolution

### For home warranty dispute resolution (Minn. Stat. § 327A.051)

The information you provide will be used by DLI to randomly select the three qualified neutrals whose names will be provided to you and the contractor. The information you provide is presumed to be public data, unless it is otherwise protected (Minn. Stat. Ch. 13). Please complete this form in its entirety and submit to DLI at the address below.

YOUR CONTACT INFORMATION	
NAME(S):	PHONE NUMBER:
HOME ADDRESS:	CITY, STATE, ZIP:
EMAIL ADDRESS:	If you want to identify someone else as your contact person, you must provide their full name and current address.

#### 1. CLAIM HISTORY

Warranty date (date of initial occupancy or date legal title to property was obtained):

Contractor name:

Contractor license number:

Date of initial notice of claim to contractor:

Date of contractor request for inspection:

Date of inspection:

Date of contractor's offer to repair:

Dollar amount (if applicable) of contractor's offer to repair:

Date of owner's rejection of contractor's offer to repair:

**2. DESCRIPTION OF CLAIMED DEFECT(S)**

Summarize the nature and scope of the claimed defects:

**3. DESIRED REMEDY**

Summarize the actions (corrections/damages/other) you are seeking from the contractor:

**4. ADDITIONAL INFORMATION**

Provide any additional information you would like the qualified neutral to know about your dispute:

Signature (or e-signature) of applicant

Date