

**HOUSING AUTHORITY OF THE COUNTY OF SAN BERNARDINO
CAPITAL FUND PROGRAM
715 E. BRIER DRIVE
SAN BERNARDINO, CA 92408-2841
(909) 890-0644 FAX (909) 890-4618**

WARRANTY / GUARANTEE

Contract Number:

THE UNDERSIGNED hereby warrants and guarantees that any work and/or materials which will be supplied and/or installed in the performance of all contracts awarded and executed for Contract Number ***** for the Housing Authority of the County of San Bernardino will be done in accordance with the plans, drawings, and specifications and that the work, as installed, will fulfill the requirements of the specifications. We agree to repair or replace any or all of our work, together with any other adjacent work which may be displaced by so doing, that may prove to be defective in its workmanship or material within a period of two (2) years from the effective date of completion of the above-mentioned Contract Number, except for ordinary wear and tear, unusual abuse or neglect on the part of the Housing Authority of the County of San Bernardino.

This warranty in no way supersedes any manufacturer's warranty or guarantee for any equipment or material supplied, or process used in the installation. The full effect of all manufacturer's warranties are guaranteed by their written and/or implied warranty of their equipment, material or process. Manufacturer's warranties voided by improper installation or process will be guaranteed by the undersigned for the full life of the manufacturer's warranty.

In the event of our failure to comply with the above-mentioned conditions within a reasonable period of time as determined by the Housing Authority of the County of San Bernardino and after being notified in writing, we collectively or separately, do hereby authorize the Housing Authority of the County of San Bernardino to proceed to have said defect repaired and made good at our expense and will honor and pay the costs and charges therefore upon demand.

Name of Firm

Street Address

Telephone Number

Fax Number

Typed or Printed Name of Authorized Representative

Signature

Date