

**REAL BIRD HOMES**  
Warranty Registration Form

Please print this form, fill it out, and mail it to:

**Warranty Registration**  
**P.O. Box 523**  
**617 Shepherd Road**  
**Carnesville, GA 30521**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Purchased: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Purchased from: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Signature: x \_\_\_\_\_