

MAINTENANCE / SERVICE REQUEST FORM

Property Owner: _____
Association Name: _____
Site Address: _____
City / Zip: _____
Contact Person: _____
Phone #: () _____ (day) () _____ (cell)
Alt. Contact Person: _____
Phone #: () _____ (day) () _____ (cell)

TYPE OF PROBLEM:

<input type="checkbox"/> Irrigation	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Pool / Spa
<input type="checkbox"/> Roof Leak	<input type="checkbox"/> Electrical	<input type="checkbox"/> Entry / Exit Gate
<input type="checkbox"/> Pest Control	<input type="checkbox"/> Intercom	<input type="checkbox"/> Elevator
<input type="checkbox"/> Other (please explain): _____		

Briefly describe the problem: _____

WATER INTRUSION ISSUES:

Where is the leak? _____

Is the leak entering through a:
 vent? light fixture? duct? chimney?

How much water has entered? Enough to fill a:
 glass? office trash can? large trash can?

(ATTACH SUPPLEMENTAL INFORMATION AS NEEDED)

DO NOT WRITE BELOW THIS LINE--INTERNAL USE ONLY

Contractor (Company) , _____
Contact Info #1: () _____ Name: _____
Contact Info #2: () _____ Name: _____
Date Assigned: _____ Est. Date of Start: _____
Cost Estimate required? yes no Estimated \$ amt.: _____
Date completed: _____ Est. Date of Completion: _____
Invoice Received: _____