

REPAIR REQUEST

DATE: _____

OWNER NAME: _____
if tenant their name _____

ADDRESS: _____

DAYTIME CONTACT NUMBER: _____
if tenant their contact _____

FRONT OF TOWNHOUSE: (Association not responsible for windows, front door, jamb, fixture)

ROOF: _____

PATIO AREA: (Association not responsible for tree trimming or condition of beds)

GARAGE /CARPORT (Association not responsible for garage door, side door or overhead lights)

OTHER AREA

