

Maintenance / Service Request Form

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

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: _____

