



WORK ORDER REQUEST FORM

Community: _____ Date: _____

Name: _____

Address in community: _____

Contract Phone Number: (h) _____ (w) _____ (c) _____

Email Address: _____

Type of Service Requested (check all that apply):

- | | |
|--|--|
| Roof: <input type="checkbox"/> Leak | Building: <input type="checkbox"/> Missing Siding |
| <input type="checkbox"/> Missing Shingles | <input type="checkbox"/> Siding and/or Gutter Hanging |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Gutter Cleaning |

Other Roof/Building (please describe): _____

Interior Damage Repair (please describe): _____

Concrete: Broken _____
 Uneven _____
 Other: _____

Light(s) (please provide number on pole and/or nearest address to pole): _____

Termite/Pest Control (please describe): _____

Landscaping Concerns (please describe): _____



PLEASE READ: If it is determined that source of the damage is originating from a component that is not the responsibility of the Association, you will be responsible to reimburse the Association for all charges incurred from the contractor on your behalf. This would also be the case even if it is determined that the source is not from your unit but another unit.

Date **Received** by Association _____ Signature _____

____ **APPROVED** by Board of Directors **OR**
____ **APPROVED with the Following Contingencies** by Board of Directors:

Board Signature **Date Signed**

____ **DISAPPROVED for the following reason (s)** by the Board of Directors:

Board Signature **Date Signed**