



ASSOCIATION MAINTENANCE REQUEST FORM

Date: _____

Co-Owner Name: _____ Daytime Telephone Number: _____

Address: _____

**Work Requested – PLEASE INCLUDE EXACT LOCATION OF PROBLEM
One Item Per Request**

Co-Owner Signature: _____

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**OFFICE USE ONLY:**

Date Maintenance Request Received: \_\_\_\_\_ Work Authorized By: \_\_\_\_\_

Work Completed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_

Completion Date: \_\_\_\_\_

**Mail to 7875 Moorsbridge Road, Portage, MI 49024 or email; [smowry@633group.com](mailto:smowry@633group.com)**