



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: _____

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