

1) OWNER REPAIR REQUEST
2) COMMENTS/RECOMMENDATIONS TO BOARD



(please print)

DATE _____/_____/_____

NAME (REQUIRED) _____ CONDO # _____

PHONE (REQUIRED) _____ - _____ - _____

EMAIL _____

1) OWNER REPAIR REQUEST – (Owner Condo) - Condo Association Responsibility
(IF AN EMERGENCY, CONTACT A BOARD MEMBER IMMEDIATELY)

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2) COMMENTS/RECOMMENDATIONS TO BOARD - Association improvements, possible issues, suggestions, etc.

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NOTE:

If you would like to meet with the Board to discuss the above, please check the box below and a Board member will contact you.

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Return completed form:

- Place in Association (black) mailbox on NE 2445 patio, or
- mail to our PO Box address

Thank you!

01-01-25