



Maintenance Request Form

Co-Owner's name: _____

Address: _____

Phone: _____ Work: _____

Date of Problem: _____ Emergency Call Made: Yes No

Occurrence: First Time Additional Time - Date _____

Description of Problem: _____

Co-owners Signature

Date

Managing Agent Use Only

Verified by: _____

Comments: _____

Work Order Sent: _____

Follow-Up Response To Co-Owner

The Board of Directors has reviewed your request and determined that:

_____ Your maintenance request has been APPROVED and will be forwarded to the pro-per contractor to handle. You will be contacted by Southeastern Management to schedule your repairs.

_____ Your maintenance request has been DEFERRED in order to combine with other, similar requests. You will be notified when your request is processed.

_____ The Board has determined that your request is NOT THE RESPONSIBILITY of the Association to repair.

_____ OTHER: _____

Signature, Managing Agent

Date