## MAINTENANCE REQUEST

PLEASE DESCRIBE THE AREA ON BUILDING   Front   1st Story   Left or Right Side   AS IF YOU WERE OUTSIDE LOOKING AT   Right   2nd Story   Left or Right Side	Association Name	e				
Phone	Unit #	Bldg # Court # _				
PLEASE DESCRIBE THE AREA ON BUILDING   Front   1st Story   Left or Right Side   AS IF YOU WERE OUTSIDE LOOKING AT   Right   2nd Story   Left or Right Side   AS IF YOU WERE OUTSIDE LOOKING AT   Right   3rd Story   Left or Right Side   MAY NOT KNOW YOUR ROOM LOCATIONS   Back   Roof    If this request involves work related to your unit that is not covered by the Association, as specified in your governing documents, some or all charges may be applied to your unit account. Please read your governing documents to determine Association/Owner responsibility.  Co-owner's Signature   Date      If COMPLETED BY A TENANT	Name					
Description:  PLEASE DESCRIBE THE AREA ON BUILDING	Address					_
PLEASE DESCRIBE THE AREA ON BUILDING	Phone			- Wor		
AS IF YOU WERE OUTSIDE LOOKING AT  THE FRONT DOOR SINCE CONTRACTORS  Left 3rd Story Left or Right Side  MAY NOT KNOW YOUR ROOM LOCATIONS  Back Roof  If this request involves work related to your unit that is not covered by the Association, as specified in your governing documents, some or all charges may be applied to your unit account. Please read your governing documents to determine Association/Owner responsibility.  Co-owner's Signature  Date  IF COMPLETED BY A TENANT  Has the owner been notified of this request? Yes No Has the owner authorized this request? Yes No Please provide owner's:  Name	Description:					
AS IF YOU WERE OUTSIDE LOOKING AT  THE FRONT DOOR SINCE CONTRACTORS  Left 3rd Story Left or Right Side  MAY NOT KNOW YOUR ROOM LOCATIONS  Back Roof  If this request involves work related to your unit that is not covered by the Association, as specified in your governing documents, some or all charges may be applied to your unit account. Please read your governing documents to determine Association/Owner responsibility.  Co-owner's Signature  Date  IF COMPLETED BY A TENANT  Has the owner been notified of this request? Yes No Has the owner authorized this request? Yes No Please provide owner's:  Name						_
THE FRONT DOOR SINCE CONTRACTORS	PLEASE DESCRIE	BE THE AREA ON BUILDING	☐ Front	☐ 1st Story	Left or Right Side	
If this request involves work related to your unit that is not covered by the Association, as specified in your governing documents, some or all charges may be applied to your unit account. Please read your governing documents to determine Association/Owner responsibility.  Co-owner's Signature  Date  IF COMPLETED BY A TENANT  Has the owner been notified of this request?   Yes   No Has the owner authorized this request?   Yes   No Please provide owner's:  Name	AS IF YOU WERE	OUTSIDE LOOKING AT	☐ Right	□ 2 <sup>nd</sup> Story	Left or Right Side	
If this request involves work related to your unit that is not covered by the Association, as specified in your governing documents, some or all charges may be applied to your unit account. Please read your governing documents to determine Association/Owner responsibility.  Co-owner's Signature  Date  IF COMPLETED BY A TENANT  Has the owner been notified of this request?   Yes   No   Has the owner authorized this request?   Yes   No   Please provide owner's:  Name	THE FRONT DOOR SINCE CONTRACTORS		□ Left	□ 3 <sup>rd</sup> Story	Left or Right Side	
your governing documents, some or all charges may be applied to your unit account. Please read your governing documents to determine Association/Owner responsibility.  Co-owner's Signature  Date  IF COMPLETED BY A TENANT  Has the owner been notified of this request?	MAY NOT KNOW YOUR ROOM LOCATIONS		□ Back	☐ Roof		
IF COMPLETED BY A TENANT  Has the owner been notified of this request? □ Yes □ No Has the owner authorized this request? □ Yes □ No Please provide owner's:  Name	your governing d	ocuments, some or all charges	may be applied	d to your unit a	ssociation, as specified account. Please read y	d in our
Has the owner been notified of this request?	Co-owner's Sigr	nature			Date	
Has the owner authorized this request? ☐ Yes ☐No Please provide owner's:  Name		IF COMPLETED BY A TENAN	Т			
		Has the owner authorized this r	AGE STOLEN STOLEN BY MAN ASSESSED.			
Phone		September of the Control of the Cont				
		Phone				

Fold over and mail to:

Herriman & Associates, Inc. 41486 Wilcox Road, Suite 1 Plymouth, MI 48170-3104

> Phone 734-459-5440 Fax 734-459-0690