

# MAINTENANCE REQUEST

Association Name \_\_\_\_\_

Unit # \_\_\_\_\_ Bldg # \_\_\_\_\_ Court # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Work

Description: \_\_\_\_\_

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

**PLEASE DESCRIBE THE AREA ON BUILDING**  
**AS IF YOU WERE OUTSIDE LOOKING AT**  
**THE FRONT DOOR SINCE CONTRACTORS**  
**MAY NOT KNOW YOUR ROOM LOCATIONS**

<input type="checkbox"/> Front	<input type="checkbox"/> 1 <sup>st</sup> Story	Left or Right Side
<input type="checkbox"/> Right	<input type="checkbox"/> 2 <sup>nd</sup> Story	Left or Right Side
<input type="checkbox"/> Left	<input type="checkbox"/> 3 <sup>rd</sup> Story	Left or Right Side
<input type="checkbox"/> Back	<input type="checkbox"/> 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**

<b>IF COMPLETED BY A TENANT</b>	
Has the owner been notified of this request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the owner authorized this request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide owner's:	
Name	_____
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