

MAINTENANCE / SERVICE REQUEST FORM

Property Owner: _____

Association Name: _____

Site Address: _____

City / Zip: _____

Contact Person: _____

Phone #: () _____ (day) () _____ (cell)

Alt. Contact Person: _____

Phone #: () _____ (day) () _____ (cell)

TYPE OF PROBLEM:

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Pool / Spa |
| <input type="checkbox"/> Roof Leak | <input type="checkbox"/> Electrical | <input type="checkbox"/> Entry / Exit Gate |
| <input type="checkbox"/> Pest Control | <input type="checkbox"/> Intercom | <input type="checkbox"/> Elevator |
| <input type="checkbox"/> Other (please explain): _____ | | |

Briefly describe the problem: _____

WATER INTRUSION ISSUES:

Where is the leak? _____

Is the leak entering through a:

- vent? light fixture? duct? chimney?

How much water has entered? Enough to fill a:

- glass? office trash can? large trash can?

(ATTACH SUPPLEMENTAL INFORMATION AS NEEDED)

DO NOTE WRITE BELOW THIS LINE--INTERNAL USE ONLY

Contractor (Company) , _____

Contact Info #1: () _____ Name: _____

Contact Info #2: () _____ Name: _____

Date Assigned: _____ Est. Date of Start: _____

Cost Estimate required? yes no Estimated \$ amt.: _____

Date completed: _____ Est. Date of Completion: _____

Invoice Received: _____

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