

EXTERIOR MAINTENANCE / REPAIR REQUEST

Return by mail or fax to: HOA Community Mgt.

400 Regent Park Ct. Suite 100

Greenville, SC 29607

Fax: 864 277-3308

Association Name: _____

Date: _____

Owner Name: _____

Address: _____

Daytime contact #: _____

Service / Maintenance Requested: _____

**Please reference your restrictive covenants to determine whether repair is an Association responsibility or resident responsibility. Property Manager also available to assist with this determination.*

Does a water intrusion problem currently exist

YES _____ NO _____

Has the water intrusion caused any interior damage

YES _____ NO _____ DESCRIBED ABOVE _____

Does the condition affect neighboring properties

YES _____ NO _____ UNSURE _____

Approximate date that you first noticed the issue

FOR OFFICE USE ONLY

Repair assigned to _____

Date repair completed _____

Contractor comments _____
