

VILLAS I OF CROSS CREEK Condominium Association, Inc.

ACTION/MAINTENANCE REQUEST FORM

UNIT # _____ DATE: _____

UNIT ADDRESS: _____

OWNER: _____

Printed Name of Person Making Request: _____

Home Phone: _____ Office Phone: _____

Nature of problem (Please be as specific as to location): _____

Possible Solution: _____

How long as problem existed? _____

Has this problem been reported before? _____ If so when? _____

When is the best time to contact you? _____

PLEASE DO NOT WRITE BELOW THIS LINE

Date Received: _____ Date Completed: _____

Labor Cost \$ _____ Materials Cost \$ _____

Action Taken: _____
