



LFHOA

NO: 0363

ATTENTION REQUEST FORM

- | | | |
|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> Safety | <input type="checkbox"/> Repair | <input type="checkbox"/> Rule Violation |
| <input type="checkbox"/> Health | <input type="checkbox"/> Pets | <input type="checkbox"/> Other |

Describe Problem / Situation _____

Lot Location _____ Owner Per Directory _____

Cite Rule Location, If Known _____

Actual Date Observed _____ Approximate Time _____

Is This an Ongoing Situation Yes No If Yes, How Long? _____

Place Form in Clubhouse or to a Director of LFHOA
Originator Sign Canary and Pink Copies

Originator Signature and Address

BELOW FOR LFHOA, INC. USE ONLY

_____ Date _____
Observed or Reviewed by LFHOA, Inc. Representative.

Date Submitted to Resident Manager _____

Date Followed Up with Resident Manager _____

Resolution Date _____

White Copy: Resident Manager Canary Copy: LFHOA, INC. Pink Copy: Originator

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- Safety Repair Rule Violation
 Health Pets Other

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