

LANDSCAPING REVIEW FORM

ROSE GARDEN VILLAS CONDO ASSOC.

DATE SUBMITTED _____

CONTACT NUMBER _____

SUBMITTED BY: _____

UNIT NUMBER _____

PLANTS: (please circle concern)

EXACT LOCATIONS/DESCRIPTION REQUIRED

TRIM PEST/DISEASE IRRIGATION FERTILIZE REMOVAL SUGGESTED

Comments:

TURF: (please circle concern)

EXACT LOCATIONS/DESCRIPTION REQUIRED

MOW PEST/DISEASE IRRIGATION FERTILIZE OTHER

TREES: (please circle concern)

EXACT LOCATIONS/DESCRIPTION REQUIRED

TRIM PEST/DISEASE OTHER ATTENTION REMOVAL SUGGESTED

IRRIGATION:

EXACT LOCATIONS/DESCRIPTION REQUIRED

SPRINKLER SYSTEM CONCERN:

ADDITIONAL COMMENTS:

RETURN COMPLETED FORM TO American Condo Management, attention CAM Robin Rodriguez, email: robin@amcondo.net