

ROMAN TERRACE CONDOMINIUM ASSOCIATION
MAINTENANCE REQUEST FORM

Co-Owner's Name: _____

Address: _____ Unit: _____

Phone: (Home) _____ (Work) _____

DATE OF PROBLEM: _____ EMERGENCY CALL MADE: YES NO

DESCRIPTION OF PROBLEM: (provide a picture of the area you want repaired)

(Co-Owner's Signature)

(Date)

BOARD OF DIRECTOR / MANAGING AGENT USE ONLY

VERIFIED BY: _____ DATE: _____

COMMENTS : _____

WORK ORDER SENT: _____
=====

RESPONSE TO CO-OWNER

The Board of Directors has reviewed your request and determined that:

_____ Your maintenance request has been APPROVED and will be forwarded to the proper contractor to handle. You will be contacted by the Management Company to schedule your repairs.

_____ Your maintenance request has been DEFERRED in order to combine with other, similar requests. You will be notified by the Management Company when your request is processed.

_____ The Board has determined that your request is NOT THE RESPONSIBILITY of the Association to repair.

_____ OTHER: _____

(Signature, Managing Agent)

(Date)

MAIL TO REALTY MART MGMT., INC.
P. O. Box 747, Mt. Clemens, MI 48046-0747
Or Email to: smcguire@realtymartmgt.com