

Maintenance Request Form

Please complete this form and return to:

Pennywise Property Management
42450 Hayes Rd, Suite 5, Clinton Twp., Mi 48038
Fax: (586)566-5799
www.pennywiseproperty.com

Community: _____

Co-Owner's Name: _____ Spouse: _____

Address: _____ Unit #: _____

Phone: (Home) _____ (Work) _____

Email Address: _____

Date of Problem: _____ Emergency call Made: YES NO

Occurrence: First Time or Repeat – Previous Date: _____

Description of Problem: _____

PLEASE BE ADVISED DEPENDING ON THE NATURE & LOCATION OF THE PROBLEM, YOU MAY BE RESPONSIBLE FOR THE COST OF THE REPAIR.

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 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, EMAIL OR FAX TO PENNYWISE PROPERTY MANAGEMENT