

Date Received: \_\_\_\_\_  
[This section to be completed by Secretary]

Date \_\_\_\_\_  
Person Making Request: \_\_\_\_\_  
Unit No. \_\_\_\_\_ Owner: \_\_\_\_\_  
Phone: (H) ( ) \_\_\_\_\_ (W) ( ) \_\_\_\_\_ Cell \_\_\_\_\_  
Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

**CIRCLE ONE. USE SEPARATE FORM FOR EACH REQUEST.**  
*Common Area Problem/Concern*

Insurance	Cable TV	Grounds	Minutes
Pruning/Landscaping	Stucco	Roof	Bookkeeping
Painting	Carpentry Repair	Fence(s)	Door(s)
Pest(s)	Pool	Waterfront	
Parking Lot	Old Seawall	Bulkhead (New)	
Other: _____			

**I. Give brief explanation of problem and location or action needed or request:**  
**Do Not Use the Back of the Form**

**II. I am planning on doing the following work/improvements to my unit:**

Contractor's Name: \_\_\_\_\_  
Address/Phone \_\_\_\_\_  
Email: \_\_\_\_\_  
Materials: \_\_\_\_\_  
Color: \_\_\_\_\_  
Sketch/design attached if applicable \_\_\_\_\_

**Required: If applicable, attach survey proving addition will not encroach on common property.**