

Order # _____
Date Received: _____

HIDDEN VALLEY COMMUNITY SERVICES ASSOCIATION NOTIFICATION OF PROBLEM OR WORK REQUEST

Date: _____
Member's Name: _____
Member's Address: _____
Member's Phone: _____

(Forms lacking above information shall not be acknowledged nor receive action)

Location of Problem (if not at address above, give directions):

Description of Problem:

Have you reported this problem before? (Circle one) Yes No
When? _____ To Whom: _____
(date) (person's name)

----- FOR MANAGEMENT USE ONLY -----

Action taken to date: _____

By whom? _____
Estimated cost to correct: \$ _____
Is problem area located on common property? (Circle one) Yes No
Who is responsible for payment? Association _____ Member _____ Other _____
Does action require Board of Directors' approval? Yes _____ No _____
If work completed, did Board of Directors approve? Yes _____ No _____
Date action is expected to be completed: _____
Further action referred to: (Circle one)
BoD HVCSA Committee _____ Contractor ARB Other _____

ACKNOWLEDGEMENT OF REQUEST

Date Received: _____ By: _____
Repair Order Number Assigned: _____
Action Taken: _____

Phone acknowledgement to submitting member by _____ on _____
Phone comments _____