FOX HOLLOW YARD MAINTENANCE REQUEST

CIRCLE APPLICABLE ITEM

IRRIGATION SYSTEM

SHRUBS

Date: __/___ (of request)

ADDRESS: ______

Lot Owner: ______

Location of Request: (Circle one): (Front yard) (Right side) (Left side) (Back yard)

NATURE OF REQUEST OR DEFICIENCY: _______

Person Requesting Service: Name: ________ Title: _______

If Request was made by the FHV Maintenance or Contractor: WAS OWNER NOTIFIED? YES or NO (circle one)

NOTE:

LAWN

TREE

This completed form should be given to a member of the Maintenance Committee. After receipt, the request will be processed by the committee and Maintenance Contractor in an effort to evaluate whether the item(s) fall under the basic monthly maintenance contract or are add-on services. Prior to incurring any additional charges, the homeowner will be contacted with the results of the request and be afforded the opportunity to arrange add-on services with FHV Contractor or other provider.

1ST ACTION(S) TO SATISFY REQUEST:			
1. DATE:/ TIME:	_am. Pm.		
Person initiating action:	Title:		
Action Taken:	THE STATE OF THE S		
FOLLOW-UP BY:			
Date:// Time: Was Reques	st Satisfied: YES	NO (circle)	
2nd ACTION(S) TO SATISFY REQUEST:			
1. DATE: TIME:	_am. Pm.		
Person initiating action:	Title:		POUR PERSONAL PROPERTY AND
Action Taken:			
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FOLLOW-UP BY:	(Main	tenance Commi	ttee Member)
Date: / / Time: Was Reques	st Satisfied: YES	NO (circle)	
3nd ACTION(S) TO SATISFY REQUES	T:		
1. DATE:/ TIME:	_am. Pm.		
Person initiating action:	Title:		
Action Taken:			
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FOLLOW-UP BY:		(Maintenance	Committee Member)
Date: / / Time: Was Reque	st Satisfied: YES	NO (circle)	