

H/O Feb 06/09
eve 505
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PROPERTY ADDRESS 3615 Kiraya dr. SUITE NO. (505)
NAME John Machio and Nancy King
(Tenant / Owner ☒) please check one
HOME PHONE 289-232-6361 BUS PHONE
CELL 4168772030

NATURE OF REQUEST Wind coming through the window.
Floor coming off. Moulding coming
off. Bed room door not locking.
bathroom stopper not in the S.
bathroom tube.

I wish to have the above noted repairs/maintenance work attended to and I hereby authorize Management or any agent of the Corporation to enter my unit and if necessary more than one visit required for completing the work. By signing this form provide the Management Office full access to my suite.

I also understand if the required repairs and or maintenance are the responsibilities of the unit owner as described in the Declaration and or in the Bylaws, I shall reimburse without delay the Corporation in full the cost of the repairs.

Owner's/Tenant's Signature [Signature] DATE 8th /02/2009

DATE INSPECTED _____ PROBLEM LOCATION _____

RECOMMENDED ACTION: _____

PURCHASE ORDER# _____ INSURANCE CLAIM YES _____ NO _____

OWNER/TENANT TO BE INVOICED YES NO

AUTHORIZED SIGNATURE _____

Completed by Superintendent _____ by Contractor _____

Date: _____ SIGNATURE: _____