

# Vision Property Management Group, LLC

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## SERVICE REQUEST FORM

PLEASE FILL OUT **ENTIRELY** AND RETURN TO VISION PROPERTY MANAGEMENT GROUP, LLC

**ASSOCIATION NAME:** \_\_\_\_\_ Bldg. No. \_\_\_\_\_ **UNIT NO.** \_\_\_\_\_

REQUEST DATE: \_\_\_\_\_ DAY: \_\_\_\_\_

NAME OF CO-OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY

STATE

ZIP CODE

HOME: (\_\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_\_) \_\_\_\_\_

CELL: (\_\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ELECTRIC  PLUMBING  OUTSIDE LIGHTING  GROUNDS REPAIR  WINDOWS  MISC. REPAIR

NATURE OF PROBLEM – PLEASE EXPLAIN IN DETAIL: \_\_\_\_\_

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**\*\*\* OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE \*\*\***

REQUEST IS DETERMINED TO BE THE RESPONSIBILITY OF:  ASSOCIATION  CO-OWNER

COMMENTS: \_\_\_\_\_

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**\*\*\*PLEASE MAKE YOURSELF A COPY FOR FUTURE USE\*\*\***