

COLONIA VERDE HOMEOWNERS ASSOCIATION
GENERAL MAINTENANCE OR PAVING REPAIR REQUEST

Date: _____

Name: _____

Address: _____

Telephone: _____

GENERAL MAINTENANCE

Location of Problem: _____

Description of Work to be Done: _____

Action Taken: _____

_____ **Date:** _____

PAVING REPAIR

Area of paving work requested (Please check):

Driveway _____ **Walkway** _____ **Cul-de-sac** _____

Description of Work Requested: _____

Action Taken; _____

_____ **Date:** _____