

**TOWNHOUSE MANOR
COOPERATIVE**

SERVICE REQUEST FORM ("SRF")

Member: _____ Date: _____

Address:

Home Phone: _____ Work Phone: _____

e-mail

address _____

I have noticed the following item I feel needs attention. Please let us know if Dan has permission to enter unit if you are not at home.

Description of Work Needed:

(Be very specific. Use one (1) Service Request Form ("SRF") for each item.)

X

Member Signature

received

Date SRF was

SEND TO CUSTOMIZED PROPERTY MANAGEMENT

Return form to:
P.O. Box 1419
Sterling Heights, MI 48311
via facsimile (586) 803-1858
via e-mail info@cpmsupport.com