

**GEORGETOWNE COURT HOMEOWNERS ASSOCIATION, INC.**  
**EXTERIOR MAINTENANCE REQUEST FORM**

(One request per work form)

1. Name: \_\_\_\_\_

2. Unit Address: \_\_\_\_\_

3. Today's Date: \_\_\_\_\_

4. Telephone Number(s) : Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Fax \_\_\_\_\_

5. Was this request previously reported? \_\_\_\_\_ NO \_\_\_\_\_ YES If Yes, When \_\_\_\_\_

6. Describe exterior maintenance or landscape request: (Please be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unit owner must sign request form:

\_\_\_\_\_  
Signature of Unit Owner Date

Return completed form to :

**CMG, Inc.**  
**P.O. Box 779**  
**Wexford, PA 15090**

724.625.8095 Phone

724.625.8043 Fax

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**OFFICE USE ONLY:**

\_\_\_ Walk-in \_\_\_ Mailed \_\_\_ Faxed

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Work Authorization Date: \_\_\_\_\_

Vendor Assigned: \_\_\_\_\_

\_\_\_ Repaired Denied; Reason: \_\_\_\_\_

\_\_\_ Repair is cosmetic and not responsibility of the Association

\_\_\_ Other: \_\_\_\_\_

\_\_\_ Repair Completed; Date: \_\_\_\_\_

\_\_\_ Copy mailed to Unit Owner; Date: \_\_\_\_\_