



# Water Oaks Condominium Association, Inc.

## WORK ORDER REQUEST FORM

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Address in community: \_\_\_\_\_

Contact Phone Number: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Type of Service Requested (check all that apply):**

**Roof:**  Leak  
 Missing Shingles  
 Other: \_\_\_\_\_

**Building:**  Missing Siding  
 Siding and/or Gutter Hanging  
 Gutter Cleaning

**Other Roof/Building** (please describe): \_\_\_\_\_

**Interior Damage Repair** (please describe): \_\_\_\_\_

**Concrete:**  Broken \_\_\_\_\_  
 Uneven \_\_\_\_\_  
 Other: \_\_\_\_\_

**Light(s)** (please provide number on pole and/or nearest address to pole): \_\_\_\_\_

**Termite/Pest Control** (please describe): \_\_\_\_\_

**Landscaping Concerns** (please describe): \_\_\_\_\_

**PLEASE READ:** If it is determined that source of the damage is originating from a component that is not the responsibility of the Association, you will be responsible to reimburse the Association for all charges incurred from the contractor on your behalf. This would also be the case even if it is determined that the source is not from your unit but another unit.

**Return completed form to the Association via the address or fax number below  
or email to [jstrickland@theselectgroup.us](mailto:jstrickland@theselectgroup.us)**