



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 mromero@theselectgroup.us**