SONNET SPRINGS OWNERS ASSOCIATION, INC.

Maintenance Request

Homeowner Name: _____ Date Submitted: _____

Home Address: _____

Work Phone: _____ Home Phone: _____

Description of Condition:

_____

_____

_____

Location on property (if applicable): _____

Is a safety hazard present or will additional damage result from delay in repairs): _____

Signature: _____

Note: Attach a sketch if appropriate showing location of problem. If you have questions about this form contact the Association Manager.

Please submit form to:

Kristie McKitterick, Association Manager
Balanced Bookkeeping & CAM
P.O. Box 25696
Colorado Springs, CO 80936

Phone: 593-9811
Fax: 265-6481
Balbookacc@aol.com

Date Received: _____ Received by: _____
Date Reviewed: _____ Reviewed by: _____

Recommendations: _____

_____

Request Approved: _____ Date: _____

Request Approved subject to the following: _____

_____

Request Deferred: _____ Date: _____

Reason for Deferral: _____

_____

Request Disapproved: _____ Date: _____

Reasons for Disapproval: _____

_____