ASSOCIATION OF UNIT OWNERS OF THE ISLAND

REPAIR/MAINTENANCE REQUEST FORM

Date_____

Unit # _____

Owner's Name _____

Owner's Email _____

Owner's Contact # _____

Please check one of the following categories:

Landscape_____(general landscape problems/concerns for dry rot prevention)

Exterior Maintenance_____(siding, deck, roof, gutters, drainage)

Pest_____ Other _____

Description of Problem:

_____

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Please submit completed form to BOARD President at
islandpresident19@gmail.com or mail P O Box 246, Gleneden Beach, OR 97388