



HOMEOWNER REQUEST FORM

(Please type or print)

DATE: _____

ASSOCIATION: _____

HOMEOWNER NAME: _____

ADDRESS/UNIT: _____

WORK/CELL PHONE: _____ HOME PHONE: _____

IF PROPERTY IS NON- OWNER OCCUPIED:

TENANT NAME: _____

SUBJECT ADDRESS: _____

TENANT WORK PHONE: _____ TENANT HOME PHONE: _____

NATURE OF REQUEST: _____

DATE GIVEN FOR
INSPECTION/REPAIR _____

NO REQUEST WILL BE PROCESSED UNLESS FORM IS FILLED OUT COMPLETELY.
Please return completed form to Northwest Community Management Company at the address below. Forms sent in with assessment payments may be delayed in processing.

NORTHWEST COMMUNITY MANAGEMENT
PO BOX 23099
TIGARD, OREGON 97281- 3099
(503) 670- 8111 FAX (503) 670- 0775
EMAIL: info@nwcommunity.com