

VILLAGE OF DORAL WOODS
REQUEST FOR TOWNHOME (TH) ROOF REPAIRS
(For TH Unit Owners Only)

Name		Date	
Address		Email	
Tel. No.		Cell No.	

(Please provide as much detail as possible)

Location of Damage/Leak	<hr/> <hr/>
Description	<ul style="list-style-type: none"> • <hr/> • <hr/> • <hr/> • <hr/> • <hr/> • <hr/> • <hr/> • <hr/> • <hr/> • <hr/> • <hr/> • <hr/> • <hr/> • <hr/> • <hr/>

Owner's Signature: _____ **Date:** _____

Complete and submit to UPM addressed to Property Manager:

- By email: cmorandi@unlimitedpm.com
- By Fax: (305) 553-9732

FOR UPM USE ONLY:	Date Received:
<p>Date Inspection Scheduled: _____ Roofer: _____</p> <p>Date Work Completed: _____ Work Inspected and Approved by: _____</p> <p>Comments: _____</p> <p>_____</p>	

Upon completion: Copy to Unit Owner
Copy filed in Units file