

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

<b>Name</b>		<b>Date</b>	
<b>Address</b>		<b>Email</b>	
<b>Tel. No.</b>		<b>Cell No.</b>	

(Please provide as much detail as possible)

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

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Complete and submit to UPM addressed to Property Manager:

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

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<b>FOR UPM USE ONLY:</b>	<b>Date Received:</b>
<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