

VENTANA LAKES PROPERTY OWNERS ASSOCIATION

Request for Facilities/Landscape Maintenance (Please Circle One)

High Priority/Low Priority (Please circle one)

Date: _____

Time: _____

Name: _____

Address &
Phone: _____

Location of problem: _____

Request: _____

Signature of Resident: _____

Action taken/Work Order #, Service Order #

Date: _____ Signature: _____