



Association of Apartment Owners
 75-6060 Kuakini Highway
 Kailua-Kona, HI 96740
 Tel : (808) 331-1082 FAX: (808) 331-0975
 E-mail: konaseavillas@yahoo.com

MAINTENANCE REQUEST

Reporting Party Name:		Unit No:
Date Reported:	Time: AM PM	Telephone No:
Location (Please be specific):		Alternate Telephone No:
Describe Maintenance Needed:		
LIGHTING:		
<input type="checkbox"/> Lights Burned Out <input type="checkbox"/> Fixture Damaged / Missing <input type="checkbox"/> Other: _____		
SPRINKLERS:		
<input type="checkbox"/> Sprinkler Not Working <input type="checkbox"/> Sprinkler / Pipe Damaged <input type="checkbox"/> Too Much / Too Little Water <input type="checkbox"/> Other		
POOL / SPA / BBQ / PAVILLION:		
<input type="checkbox"/> Cleanliness <input type="checkbox"/> Temperature <input type="checkbox"/> No Propane <input type="checkbox"/> Restroom Supplies <input type="checkbox"/> Other		
LANDSCAPE:		
<input type="checkbox"/> Needs Trimming <input type="checkbox"/> Weeds <input type="checkbox"/> Disease / Infestation <input type="checkbox"/> Other _____		
GATE / MAILBOX / WALKWAYS / DRIVEWAYS:		
<input type="checkbox"/> Gate Repair <input type="checkbox"/> Mailbox Repair <input type="checkbox"/> Walkway / Driveway Specific Problem: _____		
BUILDINGS / GARAGES:		
<input type="checkbox"/> Roof <input type="checkbox"/> Paint <input type="checkbox"/> Stairs/Landings/Lanai/Railings <input type="checkbox"/> Other: _____		
OTHER REQUESTED MAINTENANCE:		
<input type="checkbox"/> Be Specific: _____		
Signature:		Date:

**Please report only one maintenance item per form.
 Please mail or FAX completed form(s) to KSV Property Manager.**

Association Use Only		
Date Received: _____	Logged By: _____	MR- _____
Assigned to: _____	Date Assigned: _____	Date Completed: _____
Date Closed: _____	Follow-up With Reporting Party: _____	