



Association of Apartment Owners
 75-6060 Kuakini Highway
 Kailua-Kona, HI 96740
 Tel: (808) 443-7436 FAX: (808) 331-1082
 Email: manager@konaseavillas.com

MAINTENANCE REQUEST

Reporting Party Name:		Unit #
Date Reported:	Time AM PM	Phone:
Location (Please be Specific):		Alternate Phone:
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/Infection <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:		
SIGNATURE		DATE

Please report only one maintenance item per form.
 Please email or FAX completed form(s) to the KSV Site Manager.

**ASSOCIATION
 USE ONLY**

Date Received _____ Time Received _____ Logged By _____
 Assigned to _____ Date Assigned _____ Date Completed _____
 Date Closed _____ Follow-up With Reporting Party _____