Action
ASSOCIATION MANAGEMENT, INC.

Resident Name: _____**Date**_____

Address: _____

Resident Phone Number: _____ **Email address:** _____

Resident Signature _____

(REQUIRED)

********Request or Concern********

Please indicate the nature of your request, improvement, or concern and include a diagram or sketch if it applies. All requests will be submitted for review.

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This section to be completed by Management

Date information received: _____ **Received by:**_____

Action Explanation:

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Located in Downtown Sarasota at 1282 4th Street Sarasota, FL 34236 Office (941) 373-0008 Fax (941)365-0006 actionmgt@actionmgt.biz