

ASSOCIATION OF THE BLUFFS

REPAIR/MAINTENANCE REQUEST FORM

Date _____

Unit # _____

Owner's Name _____

Owner's Email _____

Owner's Contact # _____

Please check one of the following categories:

Landscape _____ (general landscape problems/concerns for dry rot prevention)

Exterior Maintenance _____ (siding, deck, roof, gutters, drainage)

Pest _____ Other _____

Description of Problem: *(please be specific, include photos if possible)*

*Please submit completed form to Board President Eric Andersen at xj12c@comcast.net **AND** to Manager Teresa Baron at bluffsmanager19@gmail.com or mail to Bluffs Manager P.O. Box 936, Gleneden Beach, OR 97388*