

Parkway Station Owners Association

Warranty Work Request Form

Room # _____ Room Name _____

Unit Address _____

Date: _____ Unit Phone # _____

The following item(s) are in need of repair and are considered warranty items. (Describe item and location.)

This list may be continued on a second sheet. Please fill out all necessary information.

Please email response of this Warrantee Request and action taken back to the following:

Facility Manager: _____
Email Address: _____

Home Office PM: _____
Email Address: _____

Date work completed on: _____

Radix Comments:
