

*Fields followed by a red star are required.

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Client Information

Client Name: *

Client Title:

Client Company:

Client Phone: *

Client Fax:

Client Email: *

Client Address:

Client City:

Client State:

Client Zip:

Proposal Requested by (if different than above):

Requester Phone:

Requester Email:

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Property Information

Are architectural drawings available:

- Yes
- No

Property Name:

Property Address:

Property City:

Property State:

Property Zip:

Total Building Area:

 sq. ft.

Number of Units:

Number of Buildings:

Board President's Name:

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Common Elements the Association has Responsibility for:

- Roof, Shingle
- Roof, Tile
- Roof, Other
- Gutters
- Building Exterior, Siding
- Building Exterior, Stucco
- Windows
- Balconies / Decks
- Parking, Garage
- Parking, Surface
- Curbs / Sidewalks
- Lighting, Exterior
- Lighting, Interior
- Lighting, Ornamental
- Lighting, Roadway
- Entrance Monuments
- Mailbox Kiosks
- Swimming Pool
- Tennis Courts
- Fitness Facilities
- Private Streets
- Pickle Ball Courts
- Irrigation / Sprinkler System
- Clubhouse /Office
- Electric Generation
- Sewage Treatment / Pumps
- Elevators
- Mechanical Equipment
- Playgrounds / Pedestrian Parks
- Doggie Park
- Retention / Detention Basins
- Retaining Walls
- Fountains
- Ponds / Lakes
- Entrance / Exit Gates

Select all that apply

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If Parameter Fencing, Year Constructed:

If Swimming Pools:

- Indoor
 Outdoor
 Restrooms

Number of Pools:

If Tennis Courts, How Many:

If Private Streets:

- Asphalt
 Concrete

Year Constructed:

Total Length:

 Miles

If Pickle Ball Courts, How Many:

Year Constructed:

If Irrigation, Year Installed:

If Clubhouse, Total Area:

 sq. ft.

Other Common Elements (Separate with Comma):

List any other common elements not listed above. Separate each element with a comma.

Excluded Elements (Separate with Comma):

List any common elements that should be excluded from the study. Separate each element with a comma.

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Service

Service(s) Required:

- Reserve Study
- Reserve Study Update
- Transition Study
- Other or Not Sure

Select all that apply.

Has there been a previous study performed?: *

- Select - ▾

If Yes, by who:

And When:

Month ▾ Day ▾ Year ▾

Is the project a conversion?: *

- Select - ▾

If Yes, when was the conversion:

Month ▾ Day ▾ Year ▾

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Schedule

If our proposal is accepted, when can field work begin?:

Month ▾ Day ▾ Year ▾

Date report needed by:

Month ▾ Day ▾ Year ▾

Date of next Board Meeting:

Month ▾ Day ▾ Year ▾

Other

Other remarks or concerns:

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Submit