



PU'U ALI'I COMMUNITY ASSOCIATION
LANDSCAPE MAINTENANCE REQUEST
(PLEASE PRINT CLEARLY)



Please submit completed form to the Resident Manager's Office located in Phase I pavilion or Fax it to: 235-2404

TODAY'S DATE: _____

RESIDENT NAME: _____

UNIT#: _____

PHONE #: _____

EMAIL: _____

ITEM OF INTEREST: _____
The name of tree or bush, if known. If not, a description or photo will help.

LOCATION OF ITEM: _____
i.e., Phase 3, between buildings 33 & 34, top of slope.

PROBLEM WITH ITEM: _____
i.e., Dead branch is a safety hazard. Or, broken sprinkler head.

SOLUTION: _____
What would you like to see done to solve the problem / situation?

ADDITIONAL COMMENTS: _____

ACTION TAKEN

Date received by Resident Manager: _____

Proposed action and date: _____

Completed action and date: _____

Date of response to Homeowner: _____