

BEAR ISLAND HOMEOWNERS' ASSOCIATION, INC.
SERVICE REQUEST FORM

LANDSCAPE:

Please check item: LAWN _____ PLANT _____ TREE _____
Please check item: MISSING _____ DYING _____ DISEASED _____

What is occurring: _____

NOTE: THE ASSOCIATION IS ONLY RESPONSIBLE FOR THE REPLACEMENT OF EXISTING LANDSCAPE WITH LIKE KIND AND QUALITY. ANY MODIFICATIONS MUST FIRST BE APPROVED BY THE ARCHITECTURAL CONTROL COMMITTEE (ACC) VIA A WRITTEN FORM AND CHANGES WILL BE AT THE HOMEOWNER'S SOLE COST AND EXPENSE!

SPRINKLER SYSTEM:

Please check item: Sprinkler Head Off or Missing _____
Sprinkler Head Needs Adjustment _____

WHY? _____

OTHER ITEM:

Please be specific: _____

LOCATION:

Please be specific: _____

NAME: _____ STREET ADDRESS: _____

TELEPHONE #: _____ EMAIL: _____

PLEASE LEAVE THIS FORM IN THE LOCKED BOX ON THE NORTH SIDE OF THE GUARDHOUSE OR MAIL TO:
BEAR ISLAND HOMEOWNERS' ASSOCIATION
POST OFFICE BOX 220805
WEST PALM BEACH, FLORIDA 33422-0805