	YORK CONDOMINIUM CORPORATION #41 COMPLAINT FORM				
DATE:					
NAME:					
UNIT #:					
CONTACT INFORMATION:	Home: Cell:				
PROBLEM: (PLEASE CHECK ONE)	Plumbing	Electric	HEATING	BROKEN WINDOWS OR SCREENS	Other
DESCRIPTION OF REPAIR REQUESTED:					
OTHER:	I, THE UNDERSIGNED HEREBY REQUEST TO HAVE THE ABOVE SAID REPAIR(S) AND/OR MAINTENANCE PROBLEM(S) INSPECTED AS SOON AS POSSIBLE. I HEREBY GIVE PERMISSION TO AUTHORIZED AGENTS OF THE BUILDING MANAGEMENT TO ENTER MY PREMISES FOR SUCH AN INSPECTION, DURING REASONABLE HOURS. THIS ACKNOWLEDGES MY CONSENT FOR THE AUTHORIZED AGENTS TO ENTER MY PREMISES FOR THE INSPECTION, EVEN DURING MY ABSENCE. AFTER THE INSPECTION IT WILL BE DETERMINED IF WHATEVER REPAIR(S) OR ADJUSTMENTS ARE NEEDED, AND IF REPAIR(S) OR ADJUSTMENTS ARE THE RESPONSIBILITY OF THE UNIT OWNER OR THE CORPORTATION. SIGNATURE THIS FORM MUST BE SIGNED BY OWNER				
FOR OFFICE USE ONLY:	INSPECTION CC	MPLETED BY:		OF INSPECTION:	