

RESIDENTS CONCERN SLIP

Date: _____

Time: _____

Name	Building No.	Unit No.
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CONCERN

To be filled-out by attending personnel

FINDINGS

ACTIONS TAKEN

CONCERN(S) RESOLVED?

YES

NO

_____ To be forwarded to the Developer

_____ Other recommendations: _____

Acknowledged by:

Signature of Unit Owner/Tenant

Signature over Printed Name of Attending Personnel

Noted by:

Signature over Printed Name of Building Manager