

THE PRESERVE CONDOMINIUMS

Request For A Hearing

Date: _____

Name: _____

Address: _____

Phone Number: _____

Request:

Signature of Unit Owner(s): _____

FOLLOWING TO BE COMPLETED BY MANAGEMENT COMPANY:

Date of Violation Letter: _____ Date Letter Mailed: _____

Date Request For A Hearing Received: _____ Received by: _____

Hearing Date Set: _____ Time of Hearing: _____

Letter of Hearing Sent to Unit Owner On (date): _____

Send Completed Form To: KareCondo, PO Box 1714, Stow, OH 44224