



## The Preserve Condominium Association

### Request For Hearing

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Request:** (Please provide as much detail as possible)

Signature of Unit Owner(s) \_\_\_\_\_

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#### FOLLOWING FOR MANAGEMENT COMPANY COMPLETION:

|                               |  |                            |  |
|-------------------------------|--|----------------------------|--|
| Violation                     |  |                            |  |
| Date Notice Sent to Owner     |  | Date This Request Received |  |
| <b>Hearing Details</b>        |  |                            |  |
| Date of Hearing               |  | Time                       |  |
| Notification to Board Members |  | Notification to Owner      |  |

**Board Consensus after hearing:**

#### REMINDER:

- Form must be submitted to the Management Company prior to a regular Board meeting.
  - Email: [mailto:karecondo.com](mailto:mailto:karecondo.com)
  - Mail: KareCondo, PO Box 1714, Stow, OH 44224
- Copy of complete form will be sent to you after board executive session.

**Thank you for taking the time to show interest in your community.**