MY CONDOMINIUM ASSOCIATION CONDOMINIUM UNIT DAMAGE SURVEY

UNIT OWNER NAME		
UNIT NUMBER		
TELEPHONE (DAY)		
BUILDING EXTERIOR		
ROOF DAMAGE YES / NO		
LEAKING (WHERE)		
ROOF MATERIAL MISSING		
WINDOW DAMAGE YES / NO	ALREADY REPAIRED YES /	NO
BROKEN PANES OF GLASS (HOW MA	ANY)	
LOCATION(S)		
SLIDING GLASS DOOR DAMAGE	VES / NO AL READY REPAIRED	VES / NO
BROKEN GLASS DATE CONV. DAMA CE (DESCRIPE)		
FENCE/WALL DAMAGE (DESCRIBE)		
BUILDING SIGNAGE (DESCRIBE)		

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BUILDING INTERIOR DRYWALL DAMAGE YES / NO DESCRIBE PHOTOGRAPHS TAKEN YES / NO OTHER DAMAGE (DESCRIBE FULLY)