## AUTUMN POINTE HOMEOWNER REQUEST FORM (HRF)

Must be signed by the homeowner in order for Board to process (if you wish to remain anonymous please don't fill out Homeowner information and don't sign, please keep in mind the only way for the Board to report on status of this request is if you provide your information)

HOME	WNER INFORMATION (Association Member	er filing requ	uest)	
Name		Unit	Date	
E-Mail			Phone	
REQUE follow-up	<b>ST DETAILS:</b> Succinctly describe the nature of your describe.	our request.	Provide adequa	te detail for Board
REGUI	ATION: If applicable, State the related Rule and Re	egulation, Co	C&R, and/or by	-law.
witnesse	SS: If applicable, provide name, address, a	and phone	other contact	t information for a
SIGNA	URE OF HOMEOWNER:			_

PLEASE SUBMIT (eMail, Mail, or Fax) COMPLETED FORM TO: **LBPM 625 E. MAIN ST, ALHAMBRA, CA 91801 PHONE (626) 677-8866 EMail:** wpoon@lbpm.com

Revised 3/2023

 $<sup>{}^{*}\</sup>text{See}$  next page for information on management of routine repair and maintenance requests.

Requests for routine repair and maintenance should be routed through the following contacts:

LBPM Supervisor: Winnie Poon: (626) 677-8866

E-mail: wpoon@lbpm.com

After hour Emergencies Only: (818) 832-6201 (Leave Voice Mail)