

**SUN CITY ROSEVILLE FOUNDATION**  
**VOLUNTEER HOME MAINTENANCE SERVICE**

Today's Date \_\_\_\_\_ Date Service Requested \_\_\_\_\_

**Homeowner's Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Appt. Date/Time \_\_\_\_\_

Service Requested by Homeowner:  
(Check all that apply)

For Maintenance team only:  
(Check; and comment, if required)

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Replace smoke alarm batteries | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Replace light bulbs           | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Program/service thermostat    | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Program irrigation controller | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Clean/replace AC filter       | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Service garage door           | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Minor plumbing repair         | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Minor electrical repair       | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Other (Describe below)        | <input type="checkbox"/> _____ |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Service completed by** (Team #) \_\_\_\_\_ **Date** \_\_\_\_\_

Follow-up, or any other information regarding this service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Homeowners:** Please deposit this form in the Community Association Office in the Timbers Lodge. If you have any questions, contact us at our voice mail (774-9040), or contact Kimberly in the Community Association Office (774-3880).