

Customer Service Form

Please circle all that apply:

- Concern
- Complaint
- Question
- Feedback
- Service Request
- Other: _____

I would like to be contacted:

Yes No

If Yes, please confirm how you would like to be contacted.

Email: _____

Phone: _____

Letter response, mailed to my address on file

DATE #: _____ **LOT #:** _____

NAME: _____

This form will be considered invalid and will not be accepted if it is not signed by an approved resident of the lot number listed.

Description:

Requested Resolution: (if applicable)

Have you ever discussed this before, with an Owner or a Team Member of the community? Yes No

If yes, what was the outcome? _____

If applicable, did you make a report to the proper authorities? (Police, Fire, Animal Services etc.) Yes No

If yes, what was the outcome and/or report number: _____

You may attach supporting documents to this form, if applicable.

Please submit to your property management office directly for the fastest response; OR submit to PO BOX 149231 Orlando FL 32814 or info@otherstreet.com – if emailed you will receive an email confirmation once it is received. Please allow up to three business days once it is received, excluding holidays for an initial response. Urgent matters will receive immediate attention. If your request requires additional research, diagnosis, repairs etc., you will be notified of the time line and any necessary appointments. This is a request form, which allows us to best serve you. Every request will receive a response (if requested). However, completion of this form does not guarantee that your request will be completed. The completion of a request and the way in which a request is completed is at the sole discretion of the Community Owners and/or Management Team.

REQUIRED Resident's Signature: _____