

**TUSCANY SUBDIVISION AT TAMPA PALMS OWNERS
ASSOCIATION, INC.**

720 Brooker Creek Blvd., #206, Oldsmar, Florida 34677
(813) 433-2000 * Fax (813) 433-2040

LANDSCAPING AND IRRIGATION SERVICE REQUEST

DATE: _____

REPORTED BY: _____

RESIDENT'S ADDRESS: _____

TELEPHONE: _____ **EMAIL:** _____

Only items pertaining to mowing, blowing, trimming, edging, weeding, fertilization, pest control, mulching, irrigation, and any damages caused by the landscape contractor are to be reported on this form to KLopez@mgmt-assoc.com. All other inquiries pertaining to deed restriction violations, assessments, gate issues or other HOA matters should be reported to FSuber@mgmt-assoc.com via separate e-mail.

Please briefly describe location of item(s) and a description of service requested.

1. _____

2. _____

3. _____

OWNER: EMAIL THIS REQUEST TO KLopez@MGMT-ASSOC.COM.

_____ Date Rec'd by Mgmt. Co.	_____ Date of Mgr. Approval
_____ Date Forwarded to VC	_____ Date Owner Notified of Dispatch
_____ Date Mgr. Notified Work Completed	

