PROBLEM REPORT FORM

370 Westchester Ave. Corp.
Port Chester, NY 10573

Problem Report No. _____

Date: _____

From: _____

Apt No. _____ **Shareholder** ☐ **Yes** ☐ **No**

Describe the Problem:

Time in which you will be available in your apartment? _____

Some problems may require previous inspection by a staff member and/or an expert to determine the nature of the problem. The requestor may authorize a staff member, optionally accompanied by an expert, to enter the apartment for the sole purpose of inspecting the reported problem when not physically present. A key to the unit must be supplied to the staff for such an inspection. Please select your preference below and write your initial next to your selection.

I give my consent to enter my apartment ☐ **Yes**_____ ☐ **No**_____

The Proprietary Lease imposes on the shareholder and on the Co-op Corporation specific obligations for maintenance and repairs of plumbing, gas, heat and electric pipes, lines and fixtures in apartment units. (Also, consult Opinion Letters rendered to the Co-op Corporation by Griffin, Letsen, Coogan & Veneruso, 9/22/87, and by Peter F. Dwyer, 5/28/99 for clarification of these obligations)

I hereby agree to have a Staff member of the Co-op Corporation engage the services of a licensed expert, i.e., plumber, electrician or heating expert, for the problem stated above. I understand that I will be responsible for paying directly to the licensed expert for its services if the problem reported above is found to be my obligation to repair or maintain as a shareholder or if the problem was caused by me or by the occupant of my unit. I thereby acknowledged having read this statement and agree with its conditions.

Signature: _____ Date: _____

Two verbal confirmations will be required from a sponsor or absentee shareholder to two different Co-op Corporation representatives if a signed form or a faxed copy of the signed form cannot be obtained.

For Co-op staff to complete: **Notified Gramatan:** ☐ **Yes** ☐ **No**

Date Received: _____ **Date Completed:** _____ **Staff Initials:** _____

Solution: **Outside Professional Required** ☐ **Yes** ☐ **No**
Name of Service: _____

Staff Signature:_____ **Date:** _____