



Community Information for Reserve Study Proposal

Date:	Community Name:	Number of Units:
Location/Street Address of Community:		
Community Manager:		E-mail Address:
Telephone Number (& Extension):		Facsimile:
Management Company Name:		
Management Company Mailing Address:		

TYPE OF COMMUNITY:

Condominium
 Condominium Conversion
 PUD
 Vacation Ownership
 Industrial Park
 Other: _____

RECREATION/OFFICE BUILDINGS:

Clubhouse, if so, approx. square footage: _____
 Restrooms
 Kitchen
 Meeting Rooms
 Gym

Offices, if so, number and approx. sq. footage: _____
 Maintenance Buildings, if so, number and approx. sq. footage: _____

Cabana Buildings, if so, number: _____
 Gazebos, if so, number: _____

RECREATION FACILITIES:

Pools If so, number: _____
 Spas, if so, number: _____
 Pool Furniture
 BBQs
 Tennis Courts, if so, number: _____

Volleyball
 Racketball
 Basketball
 Baseball Diamonds
 Bocce
 Bleachers
 Play Equipment
 Par Courses

Lakes
 Marinas
 Docks
 Beach Sand
 Water Features, if so, number: _____
 Fountains, if so, number: _____

Bridges, if so,
 Pedestrian, number _____
 Vehicular, number _____

STREETS AND GROUNDS:

Private Streets
 Alleys
 Parking Lots
 Street Signs
 Street Lighting
 Walkway Lighting

Trash Enclosures
 Monument Signage
 Directory Signage
 Park Benches
 Irrigation Controllers
 Tree Trimming

Major Slopes
 Bike Paths
 Equestrian Trails
 Walkways
 Common Area Fencing, if so,
 Perimeter
 Grounds

Entry Gates, if so, number: _____
 Entry Phone, if so, number: _____
 Gate Houses, if so, number: _____

BUILDING EXTERIORS:

Number of Buildings: _____ Number of Unique Building Designs: _____

Painting: Stucco Wood Trim Siding Other _____

Roofing: Tile Flat Shake Shingle Foam Other _____

Decks/Balconies Stairwells Landings Walkways Lighting Awnings Utility Doors Patio Fencing

Mailboxes, if so, Clustered Individual Garages, if so, Attached Detached Carports Subterranean Parking

BUILDING INTERIORS:

Lobbies Hallways Furniture Carpeting Draperies/Blinds Wall-coverings Painting

Lighting Stairways Elevators, if so, number: _____

VACATION OWNERSHIP UNITS:

Number of Marketed Styles: _____ Number of Unique Designs: _____

EQUIPMENT/OTHER:

Air-Conditioners, if so, number: _____ Heaters, if so, number: _____ Boilers Chillers

Generators Sump Pumps Wells Water Storage Tanks

Laundry Rooms, if so, number: _____ Attached Detached Laundry Equipment Leased

Vehicles, if so, number: _____ Golf Carts, if so, number: _____

OTHER COMMUNITY ASSETS NOT INDICATED ABOVE TO BE INCLUDED IN INVENTORY/RESERVE REPORT:

Please return completed form to Great Boards, LLC:

By Facsimile: (602) 923-0158 (or, toll-free outside of Maricopa County to 1-866-211-5700)

By E-mail: info@greatboards.com

Thank you for your assistance...we appreciate your business.