



T. H. E. Management, Inc.

Condominium Management Specialists
Fully Licensed and Nationally Accredited

2130 Belmont Ave
Chicago, IL 60618
Office: 773-525-5326
Cell: 773-544-8644

Service Request Form

Association: _____ **Date:** _____

Homeowner Name: _____

Board Member YES OR NO (Please circle one)

Address of unit: _____

Mailing Address
(If different from Unit) _____

Primary Phone: _____

Email Address: _____

Service Request: _____

Will keys be needed to enter any units? YES / NO

**Please note if a locksmith is required,
there will be fee charged to your account*

Do you want to remain
Anonymous

YES or NO

Additional Notes/Comments: _____

If you want this request to be Anonymous than we will not disclose your identity to anyone other than the association's legal counsel if require by law. Not even the Board will receive your identity from our office.

Thank you for submitting the Service Request Form to our office! This form is used to better serve your association. Should you have any additional comments, please call our office Monday through Friday from 9:00 a.m. to 5:00 p.m. at (773) 525-5326.