



HOMEOWNER SERVICE REQUEST

Date of Request: \_\_\_\_\_

PLEASE PRINT

Owner's Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Explanation of Service Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Note:** This form may be mailed, faxed or dropped off at **IMC Resort Services, Inc.**

**Mailing / Physical Address:** Attention: Bryan Dorshimer  
% Springwood, HPR  
2 Corpus Christie Pl, Ste. #302  
Hilton Head Island, SC 29928

**Fax:** 843-785-3901