



SUN RESIDENCES CONDOMINIUM CORPORATION

España cor. Mayon St., Brgy. Sta. Teresita, Quezon City 1114

Admin Contact Details: 7750-7168 / 8668-8124

Emails Details: sun.admin@greenmist.ph



CONCERN SLIP

Date: _____ Date of Unit Acceptance: _____
Unit Owner / Tenant: _____ Contact No.: _____
Building / Unit Number: _____ Email Address: _____

Details of concern/s

Available schedule for Admin verification of concern:

Date: _____ Time: _____
Unit Owner/Tenant
Signature over printed name

CONCERN ASSESSMENT AND RESOLUTION FORM

CF- _____

To be filled out by Admin

Person Assigned: _____

Receiving Date: _____

Findings: _____

For repair concern/s only

Available schedule of client for SMDC inspection:

Date: _____ Time: _____

1. _____

2. _____

3. _____

Action/s Taken: _____

Note: * In case that the concern was not addressed due to unavailability of the Client / authorized representative, this claim shall be void.
* This concern slip shall be valid for three (3) months from the date of receipt.

Remarks: _____

CONCERN CLOSE-OUT FORM

CF- _____

To be filled out by Admin

Person Assigned: _____

Date: _____

Remarks: _____

Inspected By: _____

Noted By: _____

Date Completed: _____

To be filled out by Unit Owner:

- All concern/s were properly addressed
All concern/s were not properly addressed

Post inspection Remarks: _____

Unit Owner/Tenant

Signature over printed name

CF-

For us to be able to serve you better, we would like you to rate our service.

Table with 2 columns: Question and Rating options (Yes/No, Satisfied/Fair/Not Satisfied). Rows include: Were your concern/s addressed within the committed date?, Kindly rate the quality of the work/job done., Kindly rate the personnel who attended to your concern/s: 1) Job knowledge, 2) Grooming, 3) Courteousness.