Pledge Reimbursement Request Form

Property Name: _____

Resident Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: (_____) _____ Work: (_____) _____

Today's Date: _____ Date of Occurrence: _____

At Home Properties, resident satisfaction is our top priority. If we have failed to live up to Our Pledge to your complete satisfaction, we want to know about it. Please describe your experience below.

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Thank you for taking the time to share your experience with us so we may serve you better in the future.

Please return this form to the rental office or mail it to:

Home Properties
Attn: Resident Relations
850 Clinton Square
Rochester, NY 14604

For office use only:

Property Number: _____ Acct #: 5290-008 Amount: $_____

Approved by:

RPM: _____ Date: _____

RVP: _____ Date: _____

(Required for payments over $250.)

Karen Butler: _____ Date: _____

10/07