



SERVICE PROJECT SUGGESTION FORM

Submission Date _____

Homeowner Name _____

Address _____

Phone _____ Email _____

Project Description

Proposed Project Date _____

Are you willing to spearhead the project? Yes No

If No, who will?

Name _____

Address _____

Phone _____ Email _____

What is the goal of the project? How will the goals be measured?

Is this a one time project? Yes No

If No, how often does the project occur? _____

How do you plan to publicize the project?

Submit this completed form using one of the following:

Mail: Georgia Community Management, Inc., c/o Kelli Jones, Community Association Manager,
PO Box 2750, Loganville, GA 30052

Email: kjones@gcmmgt.com

Fax: (678) 475-7715