

**JUPITER BAY CONDOMINIUM ASSOCIATION
CONDOMINIUM UNIT DAMAGE SURVEY**

UNIT OWNER NAME _____

UNIT NUMBER _____

TELEPHONE (DAY) _____

TELEPHONE (NIGHT) _____

BUILDING EXTERIOR

ROOF DAMAGE **YES/NO**

LEAKING (WHERE) _____

ROOF MATERIAL MISSING _____

OTHER _____

WINDOW DAMAGE **YES/NO** **ALREADY REPAIRED** **YES/NO**

BROKEN PANES OF GLASS (HOW MANY) _____

LOCATION(S) _____

WINDOW FRAME DAMAGE _____

LOCATION(S) _____

SLIDING GLASS DOOR DAMAGE **YES/NO** **ALREADY REPAIRED** **YES/NO**

BROKEN GLASS _____ **DAMAGED FRAMES/TRACKS** **YES/NO**

BALCONY DAMAGE (DESCRIBE) _____

FENCE/WALL DAMAGE (DESCRIBE) _____

BUILDING SIGNAGE (DESCRIBE) _____
