

4. Repair & Maintenance						
(a) Lift	<input type="checkbox"/>					
(b) Water Supply System	<input type="checkbox"/>					
(c) Public Lighting System	<input type="checkbox"/>					
(d) CCTV / Security System	<input type="checkbox"/>					
(e) Other Facilities	<input type="checkbox"/>					
5. Display of Notice / Circular						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Health and Safety Environment in Public Areas						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Environmental Support / Promotion						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 24-hour Service Hotline Service						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Other comments or suggestions						

Name: _____ Contact Telephone: _____

Building: _____ Unit: _____