SUPPORTIVE SERVICES SUSPENSION REQUEST Property Name: _____ Property Number: _____ Management Company: _____ Owner Name: _____ Property Service Provider: Type of Activity to be Suspended: Reason: Proposed Re-implementation Date: _____ How many residents will be affected: **Requestor Contact Information** Name: _____ Phone: _____ Email: _____ **Electronic Submission Agreement and Disclosure** Once signed, this document may be submitted electronically to MHDC via email to rmiller@mhdc.com. If submitted as such, the undersigned agrees that the signature thereon is to be treated as an original signature; and the document (in the form of a photocopy, PDF, or other electronic form) is to be treated as an original document with the same legal effect and enforceability as the original signed document. Regardless, MHDC in its sole and absolute discretion reserves the right to request an original signed hard copy of the document as it deems necessary. The undersigned is responsible for retaining the original copy in his/her files.

DATE

REQUESTOR SIGNATURE