

ARCHITECTURAL CONTROL COMMITTEE CHANGE REQUEST FORM

NAME _____ **PHONE** _____

PROPERTY ADDRESS _____

HOMEOWNER'S ADDRESS (if different from above) _____

Current House Colors: HOUSE _____ **TRIM** _____

REQUESTED CHANGE OR ADDITION (Please be specific. Attach color chips if painting. Attach additional sheets if necessary)

Please submit TWO copies of this form to the Architectural Control Committee at the address above. You will be informed by mail of the committee's decision.

_____ **DATE** _____
(Homeowner's Signature)

To the Homeowner:
The above request (s) have been: Approved _____ **Denied** _____

Reason for denial _____

Signed _____ **Signed** _____

Date rec'd by Association _____ **Date Approved/Denied** _____