

MODIFICATION REQUEST APPLICATION

DATE: _____

ASSOCIATION NAME: _____

OWNER(S): _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

FAX: _____ EMAIL: _____

NATURE OF IMPROVEMENT:

The plans and specifications showing the nature, kind, shape, height, materials and location of the change must be attached to this application. If approved, I agree to build in accordance with this application and the attached plans and specifications.

SIGNED: _____

.....
INTRNAL USE ONLY

APPROVED: _____ DISAPPROVED: _____

BOARD OR COMMITTEE MEMBER APPROVAL/DISAPPROVAL DATE: _____

COMMENTS OR STIPULATIONS: _____

RETURN THIS FORM TO ACCLAIMED PROPERTY MANAGEMENT, P. O. BOX 1900 SPRING HILL, TN 37174, OR FAX 615-241-1558 OR BY E-MAIL AT INFO@ACCLAIMEDPROPERTIES.COM PLEASE CONTACT ACCLAIMED PROPERTY MANAGEMENT AT 615-241-1556 IF YOU HAVE ANY QUESTIONS.

PLEASE ALLOW THIRTY (30) DAYS FOR APPROVAL/DISAPPROVAL/AND OR ADDITIONAL REQUEST FOR INFORMATION ONCE COMPLETE PACKAGE IS SUBMITTED.