

REQUEST FOR ARCHITECTURAL IMPROVEMENT/ ALTERATION

NAME:		
UNIT ADDRESS:		
PHONE: home:	work:	cell:
EMAIL ADDRESS:		
SUBMISSION DATE:		

IMPROVEMENT/ALTERATION TO UNIT OR LIMITED COMMON ELEMENTS

Please give a brief description of the improvement, where it is, or is to be located, type of materials involved, etc. Attach a second sheet, if necessary, to provide all pertinent information. (Emergencies will be handled on a case-by-case basis.)

SIGNED _____

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SUBMIT COMPLETED APPLICATION AND SUPPLEMENTAL INFORMATION TO:

The Select Group via mail or fax provided below or email to <u>acosby@theselectgroup.us</u>

FOR OFFICE USE O	NLY
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REQUEST APPROVED	BY THE BOARD	OF DIRECTORS
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- □ REQUEST APPROVED BY THE BOARD OF DIRECTORS SUBJECT TO MODIFICATION
- □ REQUEST DISAPPROVED BY THE BOARD OF DIRECTORS

DATE _____ SIGNED _____

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