

THE ORCHARDS HOMEOWNERS ASSOCIATION

- Repair Request
- Design Review Request

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

•**Repair Request** Provide description of repair:

- Immediate attention required
- Regular Maintenance

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The Board of Directors will review all requests at the monthly board meeting.**

•**Design Review Request:**

1. Read design review guidelines in By-Laws.
2. Provide description of proposed improvement, change, addition or alteration.
3. Provide details like color chip, material, and texture.
4. Attach sketch and site plan.
5. Estimated start date \_\_\_\_\_ .(Date required)
6. Estimated completion date \_\_\_\_\_ .(Date required)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Satellite Dish Installation please show the name, address and telephone number of the installation company.**

\_\_\_\_\_

\_\_\_\_\_

**All Design Review Requests must be completed within a year from the approval date; if not completed within a year, your request must be resubmitted.**

**Upon completion please return a copy to the Office.**

Actual completion date: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail to 421 Glenn Ave or drop in box at the Office. Thank you.

**Office Use Only**

Request Number \_\_\_\_\_  Approved  Disapproved By \_\_\_\_\_