

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 will review all requests.

• **Design Review Request:**

1. Read design review guidelines.
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 _____