

| For HOA Management Only |  |  |  |  |
|-------------------------|--|--|--|--|
| Date Received:          |  |  |  |  |
| Inputted in VMS:        |  |  |  |  |
| Date Sent for Review:   |  |  |  |  |
| Date sent to Resident:  |  |  |  |  |
| Community Manager:      |  |  |  |  |
| Tracking Number:        |  |  |  |  |

## **PROJECT REQUEST FORM**

Please fill out all lines, sign at the bottom and submit back to HOA Management Services.

| ricuse im out an inics, s  |   | and submit buck (  | o novimulagement services.  |   |  |                 |  |  |  |  |  |  |
|--|---|--|---|---|--|-----------------|--|--|--|--|--|--|
| Name of HOA:   |   |  |   |   |  |                 |  |  |  |  |  |  |
| Homeowner's Name:Property Address:Property Number:Property Number:Property Number:Property Number:Property Number:Property Number:Property Number:Property Number:   |   |  |   |   |  |                 |  |  |  |  |  |  |
|  |   |  |   |   |  | - "             |  |  |  |  |  |  |
|  |   |  |   |   |  | Pate Submitted: |  |  |  |  |  |  |
| Estimated Date of Comple   |   |  |   |   |  |                 |  |  |  |  |  |  |
| Will the Project be Accom  |   |  |   |   |  |                 |  |  |  |  |  |  |
| Name and contact informa   | ition of Contractor (i  | f applicable):   |   |   |  |                 |  |  |  |  |  |  |
|  |   |  | L AS POSSIBLE, SUCH AS DIMENSIONS, COLOR  |   |  |                 |  |  |  |  |  |  |
|  |   | _  | ucture such as a fence/shed/etc., please use  | <u>the attached:</u>  |  |                 |  |  |  |  |  |  |
| <u>grid page to draw your h</u>  | <u>ome and where yo</u>   | u plan to place th   | e structure in relation to your house.  |   |  |                 |  |  |  |  |  |  |
|  |   |  |   |   |  |                 |  |  |  |  |  |  |
|  |   |  |   |   |  |                 |  |  |  |  |  |  |
|  |   |  |   |   |  |                 |  |  |  |  |  |  |
|  |   |  |   |   |  |                 |  |  |  |  |  |  |
| <ol> <li>No work or committ</li> <li>All work will be doned</li> <li>All work will be perform</li> <li>I assume all liability</li> <li>No access to the HO</li> <li>I will be responsible</li> <li>I will be responsible requirements in contained and the committee committee's approv</li> </ol> | ment of work will be made at my expense and all a expeditiously once coormed at a time and in and will be responsible A common areas will be for the conduct of all pfor complying with, an enection with this work have no responsibility wall of this request shall ork comply with any law | ade by me until I have<br>future upkeep will re<br>mmenced and will be<br>a manner to minimize<br>for all damage and/o<br>e granted for any pro-<br>ersons, agents, contra<br>d will comply with, all<br>I understand and agr<br>with respect to such conot be understood as | I and agree to the following provisions:  received written approval from the Association. main at my expense. done in a good workman-like manner. e interference and inconvenience to other homeown r injury which may result from performance of this w fects without the express written consent of the Boal actors, and employees who are connected to this wo applicable federal, state, and local laws, codes, regu ee that the Homeowner's Association, its Board of D compliance and that the Board of Directors' or its des the making of any representation or warranty that the governmental requirement. | rork.<br>rd.<br>rk.<br>lations, and<br>irectors, its agent<br>ignated |  |                 |  |  |  |  |  |  |
| Committee Members Com  | ments:  |  |   |   |  |                 |  |  |  |  |  |  |
| Committee Approval:  |   |  | With Conditions Listed Above (or Attacl   | -   |  |                 |  |  |  |  |  |  |
| Committee Signature:   |   |  | Date:   | •   |  |                 |  |  |  |  |  |  |
|  |   |  | Fax: 316-425-3117   | •   |  |                 |  |  |  |  |  |  |
|  | 1 110110  |  |   |   |  |                 |  |  |  |  |  |  |

