Whispering Meadows Request Form

(Please [X] the applicable box for the type of request) Date: ____/____/_____

[ ] Townhome Alteration/Addition *(Anything attached to the building)*
[ ] Landscape Alteration/Addition *(Anything placed in or on the ground)*
[ ] Townhome Maintenance
[ ] Landscape Maintenance
[ ] Information

Name: _____ Address: _____

Phone: _____ - _____ Email: _____

Date Home Purchased: ____/ ____/ _____ Resident signature: _____

Note: All requests for alterations should be accompanied by a clear description and/or sketch. Requests cannot be approved without adequate information. Major building modifications or additions will require additional information as referenced in the current Board Policy No. 504. All alterations must comply with and fall within the limitations of all WM governing documents. I understand that any damage to the common area or common area property (i.e. sprinkler system)will be my responsibility to repair. Any damage is to be reported to and repairs supervised by the Maintenance Manager.

Request:

_____

_____

_____

_____

_____

Estimated cost of Improvement: _____ (if applicable)

The appropriate Committee will review the request for compliance with the Whispering Meadows governing documents. A response to your request may not be furnished until after the committee's monthly meeting. Do not make any changes prior to receiving approval. The responsibility for maintenance and upkeep of approved landscaping modifications and/or additions lies with the owner. Additions to a Townhome structure may result in a specific maintenance assessment, payable by owner when certain Association provided maintenance is performed.
Ref: *WM Declaration of Covenants, Articles V & VII and current Board Policies Nos. 504 & 505*

---------- *Section below is for committee use* ----------

Committee Review Number: RMARC _____ LSC _____

Date Received: _____/_____/_____ Date of Action: _____/_____/_____

Request is: **[ ] Approved** **[ ] Denied** *(See brief explanation below)*

[ ] Specific conditions & restrictions that apply: [ ] Description of maintenance performed:

_____

_____

_____

_____

_____

Committee Chair: _____ Date Recorded _____/_____/ _____