## **O'Brien** Association Management MODIFICATION FORM

## **Owner Information**

Association Nan	ne:				
Full Name:					
Last			First		
Address:					
	Street Address			Unit #	
	City		State	ZIP Code	
Home Phone:		Alternate Phone:			
Email					
Description of M	odification:				
Contractor Name	e:				
Contractor Phon	ie:				
will be required for review your required for more quickly. All approved you will adjusted manag	for any deck, patio, and s lest in a timely manner. T I contractors working in th ill be responsible for all fu ement must be contacted	modification request form. An accu significant exterior or landscaping c The more information you supply w he Association must be properly lic uture maintenance on the modificat d and the co-owner is responsible f	hanges. The Board ill allow the approva ensed and insured. tion. If sprinkler line or the cost of servic	of Directors will al process to move If your request is s must be moved or ce. The owner will also	
		the Association or Municipality requipple for any damaged caused by the			

owner agrees to hold the Association harmless for any harm caused by the installation or use of the modification. If not properly maintained the Association may choose to make the repair or removal of the modification at the owner's cost. Work may not begin until an approval letter has been sent to you. All documentation of this approval must be passed on to a new owner if you sell the unit. If the request is denied no work may begin.

By signing I agree to all the terms of the Modification Request Form as listed above.

Owner Signature	Date
	Date
Board Approval	