

WESTWOOD GREENS CHANGE REQUEST FORM

NAME _____

ADDRESS _____

PHONE NUMBER _____ CONTRACTOR _____

REQUEST _____

ESTIMATED START-COMPLETION DATES _____

Requests not completed within 90 days of the approval date must be resubmitted. Please ask the Committee if an extension is needed.

By my signature below, I acknowledge that I have read the Declaration of Covenants and Restrictions and will comply with all regulations set forth therein. I accept financial responsibility to clean up the area from any work. I also understand that regular maintenance and/or replacement of any improvement is my responsibility in accordance with the Declaration of Covenants and Restrictions and additional approvals required.

_____ **OWNERS SIGNATURE** _____ **Date Of This Request**

ROOFMATES APPROVAL (1-3)

1 _____

2 _____

3 _____

ARCHITECTURAL COMMITTEE'S REVIEW

DATE _____

1 _____ Approved Disapproved Info Needed

2 _____ Approved Disapproved Info Needed

3 _____ Approved Disapproved Info Needed

4 _____ Approved Disapproved Info Needed

SEND CHANGE REQUEST TO: Communities First Association Management, PO Box 6183, Sun City Center, FL 33571 or via email at info@cfirstam.com

INSTRUCTIONS FOR CHANGE REQUEST FORM:

- **COMPLETE ENTIRE SECTION OF NAME, ADDRESS, PHONE NUMBER, ETC.**
- **COMPLETE THE DETAILS OF THIS REQUESTED CHANGE, YOU MAY USE ADDITIONAL PAGES AS NEEDED, SAMPLES, AND ANY DETAILED DRAWINGS.**
- **INCLUDE THE CONTRACTOR'S PROPOSAL. NOTE: ANY COSTS OR PRICING MAY BE EXCLUDED OR REMOVED. WE ASK FOR THIS BECAUSE MOST CONTRACTOR'S PROPOSAL'S INCLUDE NECESSARY INFORMATION REGARDING THE CONTRACTOR AND THIS PROJECT.**

2. TEXT BOX 1

- **SIGN AND DATE THIS DOCUMENT**

3. TEXT BOX 2

- **GET ALL YOUR ROOMMATES SIGNATURES AND APPROVAL TO THIS PROJECT IF NEEDED**

4. TEXT BOX 3

- **THE ARCHITECTURAL COMMITTEE COMPLETES THIS SECTION**

5. TEXT BOX 4

MAIL YOUR CHANGE REQUEST FORM TO ONE OF THESE 2 ADDRESSES OR HAND DELIVER IT INSTEAD OF MAILING.