

REQUEST TO CHANGE/INSTALL FENCING

Return completed form to: 5 j Ucb`A UbUj Ya Yblz' %\$, 'FUjfcUX'7 Ubncb`FXz7 Ubncb`@_Yz7 5`- &), +

Name: _____ Date: _____

Address: _____ Phone: _____

Location of New Fencing: _____

Type of New Fencing (Detail): _____

Is ANY portion of this fencing shared by a neighbor (i.e. party/dividing fence)? Yes No

If yes, list the address (s) of the neighbors:

All neighbors directly impacted by the fencing change must fill out the information below. Failure to obtain approval and consent for this change from any affected neighbors may cause removal at owner's expense. The Association is not liable for any homeowner failing to obtain the necessary approval from any affected neighbor and all costs related to such removal or replacement will be born by the offending party.

Affected Neighbors: (must be completed in full by each neighbor)

Legal Owner Name: _____ Address: _____

Signature: _____ Daytime Phone: _____

Legal Owner Name: _____ Address: _____

Signature: _____ Daytime Phone: _____

If more than two (2) neighbors are affected, please attach additional sheet with the information listed.

By signing this document, I certify that the items included represent a true representation of the Improvements that I plan to make to my property and that I have properly obtained the approval and full consent from all affected neighbors.

Applicant's Signature: _____ Date: _____

Association Use Only

In Compliance with Policy-Approved Not in Compliance with Policy Requires Additional Information

Name: _____ Date: _____
