## **MODIFICATION REQUEST FORM**

	ominium Association:			
Addre	vner Name:ess:			
Phone	Address: Phone #:			
Please	nation of modification requested. If application review the Association's Bylaws for other a fications, etc.	<u>=</u>	s form.	
Please	e note:			
	If any building permits are required for the such permits will be the responsibility of the must be submitted to Management before the Any damage caused by the installation of the elements of the Association will be restored owner.  The cost of maintaining the requested modification of the cost of maintaining the requested modification of the cost of maintaining the requested modification.	the co-owner requesting the modification the start of the project. The requested modification to the commod to its original condition at the cost of the diffication will be the responsibility of the	on the co-	
Signati	ture of Co-owner:			
		Date:		
	ORK SHALL COMMENCE UNTIL WRITTEN A			
For of	ffice use only.			
Appro	oved By:	Date:		
as subi	omitted, with the following changes:			
The ab	bove work will be performed by:			
NOT A	APPROVED, for the following reasons:			

Submit completed form to: JL Gardel, PLC PO Box 310 Union Lake, MI 48387-0310

Fax: 248-706-1615