

D	esign and Ir	nprovemen	Request Form	Updated 6-5-18	
NAME:					
ADDRESS:					
Home Phone:		_ Work Phone:			
The following type of improvement	/design/change is he	reby requested (Ch	eck one):		
Landscaping (including pots in co	ommon area)	Solar Shade	Storm Door	Patio Gate	
Other					
Note: If more than one type of improve	_	_			
Describe Improvement: (attach a pic	cture, drawing, broch	ure, etc. of the propo	osed improvement)		
Proposed Completion Date:					
approval does not constitute approval to complete all proposed improvemer shown above. Any delay in such comcomply accordingly.	nts promptly after rec	eiving ACC approva	l. Completion of Improveme	ent is required by the propose	ed date
Homeowner Signature:		Date:			
If you have not received written no Hammersmith Management Client					tact
ACC ACTION: Approved	☐ Approved	d subject to:	☐ Denied because:		
ACC Member Signature		Date		_	
For Internal Use only: Form Received on	Returned o	n.			
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