

# EAST LINDEN ESTATES



## EAST LINDEN ESTATES HOMEOWNERS ASSOC., INC IMPROVEMENT REQUEST FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_ BEST TIME TO CALL \_\_\_\_\_

NATURE OF  
IMPROVEMENT: \_\_\_\_\_

INFORMATION/ATTACHMENTS REQUIRED: PAINTING:

HOUSE \_\_\_\_\_ TRIM \_\_\_\_\_ DOOR(S) \_\_\_\_\_ GARAGE \_\_\_\_\_

\_\_\_\_\_ (ATTACH COLOR SAMPLES/PAINT CHIPS) TREES: ATTACH

LETTER WITH DESCRIPTION OF WORK REQUESTED. FENCE:

TYPE \_\_\_\_\_ COLOR \_\_\_\_\_ ESTIMATED

COST \_\_\_\_\_ ATTACH FOLLOWING: PLOT PLAN;

FENCE/GATE PLAN, LANDSCAPING FOR FENCE AREA, TYPE OF

FENCING TO BE USED, CONTRACTOR'S ESTIMATE. (NOTE A 10%

RETAINER WILL BE REQUIRED, TO BE RETURNED UPON

COMPLETION.) ROOF:

TYPE \_\_\_\_\_ COLOR \_\_\_\_\_ CONTRACTOR'S

EST. \_\_\_\_\_ ATTACH SAMPLE AND CONTRACTORS ESTIMATE.

REQUEST APPROVAL: INSPECTED

BY: \_\_\_\_\_ DATE \_\_\_\_\_ FINAL APPROVAL BY

ACC COMMITTEE: VOTES: YES \_\_\_\_\_ NO \_\_\_\_\_ RETURN

RETAINER (IF APPLICABLE) RESIDENT'S

SIGNATURE \_\_\_\_\_

UPON COMPLETION, SEND (OR DROP IT OFF) TO Sharon Steck

12457 Everard St. Spring Hill, FL 34609. WE WILL DO OUR BEST TO

EXPEDITE YOUR REQUEST.