

MODIFICATION REQUEST COMMENT FORM

Name _____ Address _____

Email _____ Phone # _____

Concerning modification requested by _____

Please provide the Architectural Review Committee with any comments or suggestions you have concerning your neighbors request. Be assured that anything you write on this form will remain confidential.

Comments/Recommendations:

Would you like to express your opinions in person to the Architectural Review Committee?

Yes _____ No _____

Signature _____ Date _____

PLEASE RETURN WITHIN 10 DAYS OF RECEIPT TO:

Trisha Sellen
107 Biltmore Trace
Peachtree City GA. 30269
E-mail: trishasellen@hotmail.com