Landscape Common Area Change Request Form (Use back or additional paper as needed)			
To be completed by Homeowner/s:			
Name/Signature:	Date:		
Address:	Phone	:	
Additional homeowners requesting this change: sign/date/add	ress		
Requested Change/Location/Reason:			
		(Attach d	rawing/pictures if needed)
Affected neighbors approval: sign/date/address			
Homeowner/s willing to pay or help pay or work on the project	: Yes	No.	Explain
To be completed by Landscape Committee:			
Date received: Tentative review da	te with ho	omeowner:	
Date reviewed: If the scope was modified, describe	:		
Estimated project cost (range): Amoun	t to be pai	id by Homeown	er:
Project Approved:			
Estimated Timeline: Co	mpletion	date:	
Project rejected:			
Reason:			
Date communicated to Homeowner:			
Chair Signature:			
Board determination, if needed:			