Appendix B-5: PLC Unit Owner Request for Window Replacement

Date: _____

Name: _____

Address/Unit Number: _____

Email Address: _____

Phone Number: _____

Proposed Date of Installation: _____

Include with this form:

[ ] A written description of the number of windows to be replaced with a list of proposed locations (use separate page, if necessary)

[ ] Name and contact information of chosen licensed and bonded vendor/contractor

[ ] A visual representation such as a photo or a drawing of the proposed windows

[ ] Vendor/contractor proof of license, liability insurance, and bond

[ ] Vendor/contractor scope of work to include colors of exterior trim and frame, caulking, and stucco finish

Please let property management know when the job is completed.

Unit Owner Signature: _____

ACC ACTION	**BOARD ACTION**
Date of Meeting: _____	Date of Meeting: _____
Recommendation/Date: _____	Decision/Date: _____
_____	_____
Signature/Date: _____	Owner Notified Date: _____
Proj. Review/Date: _____	Notes:
[ ] OK [ ] Not OK, action:	