

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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:

**Chris Waples**  
**302 Windsor Place**  
**Phone 770-631-8707**  
**Email [cwaples@comcast.net](mailto:cwaples@comcast.net)**