

ROTONDA SANDS CONSERVATION ASSOCIATION, INC.

RESIDENTIAL MODIFICATION COMMITTEE ("RMC") REVIEW FORM

OWNER'S NAME: _____

ADDRESS OF PROPERTY: _____

MAILING ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

Approval is hereby requested to make the following modification(s), alteration(s), improvement(s) as described and depicted below or on additional attached pages.

Please include such details as the DIMENSIONS, MATERIALS, COLOR, DESIGN, LOCATION, DRAWING and any other pertinent data.

For PAINT REQUESTS, please include color for main, trim, garage & entry doors and provide sample color(s).

DATE OF REQUEST

SIGNATURE OF OWNER

ALL REQUESTS WILL BE ACTED UPON IN A TIMELY MANNER BY THE ROTONDA SANDS CONSERVATION ASSOCIATION. MODIFICATIONS ARE NOT TO COMMENCE UNTIL APPROVED.

For Association Office Use:

DATE RECEIVED: _____ BY: _____

APPROVED DISAPPROVED DATE: _____ BY: _____

COMMENTS: _____

DATE OWNER NOTIFIED: _____

ROTONDA SANDS CONSERVATION ASSOCIATION
RESIDENTIAL MODIFICATION COMMITTEE
P.O. BOX 520, PLACIDA, FLORIDA 33946
3754 CAPE HAZE DR., ROTONDA WEST, FLORIDA 33947
PHONE: (941) 697-9722 FAX: (941) 697-0738