

WELLINGTON MANOR HOMEOWNER ASSOCIATION
ARCHITECTURAL REQUEST FORM

OTHER (February 2010)

HOMEOWNER INFORMATION

Name_____	Home phone_____
Address_____	Work phone_____
Email_____	Cell Phone_____

DESCRIPTION OF REQUEST

(Please attach all supporting documentation as required)

SIGNATURES/APPROVAL

Homeowner Signature_____	Date_____
Architectural Review Committee Recommendation_____	Date_____
Board Approval/Disapproval_____	Date_____