OCEAN HARBOUR ESTATES ARCHITECTURAL REVIEW BOARD (ARB)

REQUEST FOR FINAL INSPECTION AND DEPOSIT REFUND

	This form may be hand delivered	l. emailed or mailed to the HOA	
Date:	,	,	
Lot#:	Property Address:		
Contractor:		Phone:	_
Mailing Address:			
	requesting a final inspection and ref	turn of the Contractor's Repair and Maintena	ance Deposit.
		Owner / Contractor (circle one)	 Date

All refunds will only be made payable to the name on the check submitted for the deposit.

FOR ARB & TREASURER

(A copy of this statement to be returned to Owner/Contractor with refund check)

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