TO: Lake Forest Estates OR:
Architecture Control Committee
P.O. Box 782
Maple Valley, WA 98038

Request for Paint Approval

Homeowner's Name:	Date:
Homeowner's Phone:	Lot Number:
I plan to paint my: [] House	Attach Paint Sample Here
[] Trim	Attach Paint Sample Here
[] Other (door, etc.)	Attach Paint Sample Here
Scheduled Start Date:	(allow 2 weeks for approval)
Scheduled Completion Date:	
be retained by the committee for its permanent starting. You will receive a response within tw	ormation and include paint sample(s). Samples will t files. Mail this form to the address above prior to yo weeks of receipt by the Architectural Control d paint colors is available from the Architectural
Homeowner Signature:	Date:
For Architectural Cor	ntrol Committee Use Only:
[] Approved [] Denied	
ACC Member:	Date:
ACC Member:	Date: