

REQUEST FOR ALTERATION

Alteration: _____

Unit Owner: _____ Date: _____
Address: _____ Phone: Home # _____
Work # _____

Contractor: _____

- a. Please provide Prime Condominium Management, Inc. with a copy of the Contractor's license
- b. Please provide Prime Condominium Management, Inc. with a copy of Certificate of Insurance

***Please Note: The above information of the Contractor must be submitted prior to the approval of the alteration. Contractor may fax information to 413-536-1141**

*Please use this box to sketch if applicable-(Use other side if necessary)

THE BOARD'S ACTION

Review Date: _____
Comments: _____

Approved: _____ Denied: _____