

Sweet Brier Condominium Association

Mailbox on House – Approval Steps

1. Get approval from Sweet Brier
 - a. Submit the Sweet Brier request form to the management company, explaining where you want to place the new mailbox. The mailbox must be white.
 - b. Include a note from your doctor, explaining why you can't go to the curb
 - c. Once you receive the approval letter from Sweet Brier...
2. Get approval from the Post Office
 - a. Submit the Post Office request form to Madison Post Office
 - b. Include a note from your doctor, explaining why you can't go to the curb
 - c. Once you receive the approval letter from the Post Office...
3. Install the mailbox
 - a. Buy a white mailbox
 - b. Install the mailbox in the location you specified in your request

**SWEET BRIER CONDOMINIUM
ARCHITECTURAL & LANDSCAPE MODIFICATION REQUEST**

Get approval first, before work begins

Date _____

Name _____

Address _____

Telephone _____ Email _____

Request for:

<input type="checkbox"/> Garage Door	<input type="checkbox"/> Windows	<input type="checkbox"/> Propane Tank
<input type="checkbox"/> Front door/storm door	<input type="checkbox"/> Gazebo/Awning	<input type="checkbox"/> Tree(s)
<input type="checkbox"/> Fence	<input type="checkbox"/> Patio	<input type="checkbox"/> Mulch Bed
<input type="checkbox"/> Porch	<input type="checkbox"/> Roof	<input type="checkbox"/> Shrubs
<input type="checkbox"/> Front Lights	<input type="checkbox"/> Shutters	<input type="checkbox"/> Other

Description and Details of Requested Modification:

Drawing of Requested Modification:

Unit Owners are responsible for any installed improvements and betterments. This responsibility transfers to future owners of the Unit.

Please return this form to:
NEO Property Services, Inc
PO Box 187
Perry, Ohio 44081-0187
440-289-5271

e-mail: neopropertyservicesinc@gmail.com

REQUEST FOR EXCEPTION TO DELIVERY MODE DUE TO PHYSICAL HARDSHIP

Customer Name(s): _____
 Delivery Address: _____
 City _____ State _____ Zip+4 _____

Current mode of Delivery: (check one)

_____ Curb line / rural type box _____ Neighborhood delivery/collection cluster box
 _____ Other: (please explain) _____

Type of delivery requested, based on hardship exception: _____

Reason for requested exception: (Physical Handicap, etc) _____

I have no one living in the household to retrieve my mail and approval of exception is temporary and shall be void when reason for hardship ceases to exist then regular delivery mode shall resume on the main line of travel. It is understood that if the private road or driveway is not properly maintained, rural delivery service will be withdrawn. Upon approval, a curb box will be installed in location designated by postmaster.

Customer Signature required

Date

PHYSICIAN'S STATEMENT: _____ Applicant does not apply _____ Qualifies due to following reasons:

"I verify the existence of the need for the exception to the current delivery mode for the above named person(s) for the following reason." Please be specific. NOTE: Advance age, although a consideration is not itself a qualifying factor.

Reason: _____

Signed: _____ Title: _____ Date: _____

POSTAL SERVICE USE ONLY

The above request for Hardship Delivery Exception is:

_____ Granted —delivery location will be identified after approval,

Postmaster signature _____ Date _____

District Approval _____ Date _____

Effective (date) _____ (see # 3 above)

_____ Denied, reason: _____

Postmaster signature _____ Date _____

District signature _____ Date _____