

ROCKLEDGE HOMEOWNER ASSOCIATION MODIFICATION REQUEST FORM

OWNER NAME: _____

ROCKLEDGE ADDRESS: _____

TELEPHONE NUMBER: _____

CONTRACTOR NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

TYPE OF MODIFICATION PROPOSED:

Our signatures confirm that we have read the attached specifications and will comply with them and make any corrections to our proposed modification that are deemed necessary by the appointed enforcement authority for Rockledge Homeowners Association. We understand and agree to abide by all applicable regulations, including obtaining a building permit if required by local authorities.

HOMEOWNER SIGNATURES & DATE:

CONTRACTOR SIGNATURE & DATE:

*****PLEASE NOTE IF THIS IS FOR THE INSTALLATION OF A SATELLITE DISH, YOU CANNOT INSTALL THE SATELLITE DISH ON THE HOUSE ROOF OR ATTACH IT TO THE SIDING OF THE HOME!*****