



For HOA Management Only	
Date Received	_____
Inputted in VMS	_____
Date Sent for Review	_____
Date sent to Resident	_____
Community Manager	_____
Tracking Number	_____

PROJECT APPROVAL FORM

Please fill out all lines and submit back to HOA Management Services

Name of HOA: _____
 Owners Name: _____
 Address: _____
 Phone Number: _____
 Email Address: _____

Date Submitted: _____
 Date of Completion: _____
 Project Accomplished by Contractor Yes No
 Name and contact information of Contractor (if applicable): _____

Type of Project: (Please give as much detail as possible i.e. type of material, location of project. Use separate sheet of paper to provide a drawing of your plans. Include any paint/roofing colors/samples.)

I understand that under the declaration and the rules and regulations, the HOA committee will act on this request and provide me with a written response of their decision. I further understand and agree to the following provisions:

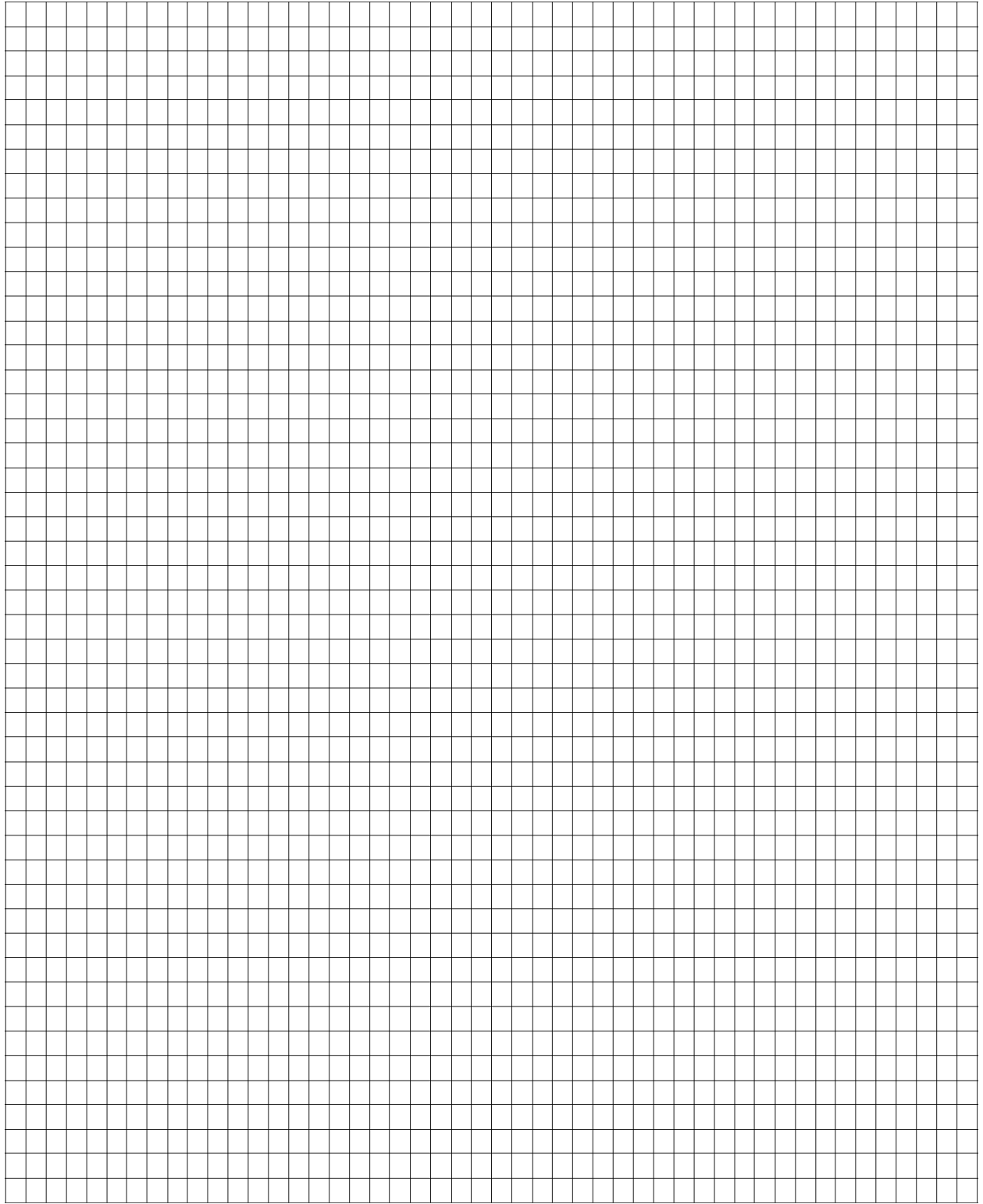
1. No work or commitment of work will be made by me until I have received written approval from the association.
2. All work will be done at my expense and all future upkeep will remain at my expense.
3. All work will be done expeditiously once commenced and will be done in a good workman-like manner.
4. All work will be performed at a time and in a manner to minimize interference and inconvenience to other homeowners.
5. I assume all liability and will be responsible for all damage and/or injury which may result from performance of this work.
6. I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected with this work.
7. I will be responsible for complying with, and will comply with, all applicable federal, state, and local laws; codes; regulations; and requirements in connection with this work. I understand and agree that the homeowners association, its board of directors, its agent and the committee have no responsibility with respect to such compliance and that the board of directors' or its designated committee's approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications, or work comply with any law, code, regulation, or governmental requirement.

Signature: _____

Committee Members Comments:

Committee Approval Yes No With Conditions Listed Above (or Attached)
 Committee Signature: _____ Date: _____
 Committee Signature: _____ Date: _____

Please return completed form to HOA Management Services 1900 E. Douglas Ave. Suite 100 Wichita, KS 67214



Please return completed form to HOA Management Services 1900 E. Douglas Ave. Suite 100 Wichita, KS 67214 and note that you're from Whispering Lakes Estates neighborhood.