

Architectural Form (for External Devices / Telecommunications)

For the Brookfield West Homeowners Association

(Alternate forms are available for painting/home repair/construction and landscaping)

Fill out all information completely

Date:		Unit #	
Owner's Full Name:			
Address:		Owner's Phone #	

Contractor's Name, Address, Phone and License # if applicable	
---	--

Description of work to be done	
-----------------------------------	--

Type of material to be used	
--------------------------------	--

Location of external device(s), and all cables or wires on the outside of the house	
--	--

Other information	
-------------------	--

An accurate drawing showing the exact location on the outside of the house of any external device, along with the exact location of any cables or wires must be attached.

Architectural requests will be reviewed as soon as possible. All requests will either be approved, denied or returned for additional information as soon as possible after review. **WORK CANNOT BEGIN UNTIL A WRITTEN APPROVAL IS RECEIVED!**

By signing I acknowledge that the information I am providing is accurate and will abide by all specifications I have provided above.

HOMEOWNERS SIGNATURE X _____ Date: _____

Committee Action Taken		
-----------------------------------	--	--

CONTACT MUTUAL MANAGEMENT WITH ANY QUESTIONS: (602) 248-4466

For Office Services Use:

DATE ORDER RECEIVED: _____ DATE ORDER FILLED: _____