

Architectural Form (for Landscaping)

For the Brookfield West Homeowners Association

(Alternate forms are available for painting/home repair/construction and external devices/telecommunications)

Fill out all information completely			
Date:		Unit #	
Owner's Full Name:			
Address:		Owner's Phone #	

Contractor's Name, Address, Phone and License # if applicable	
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Description of work to be done	
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Type, size and location of tree, plant or shrub to be planted or removed	
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If requesting the removal of a tree, plant or shrub do you intend to plant something else?	
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Other information	
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An accurate drawing showing the exact location of the tree, plant or shrub to be removed and/or planted must be attached. Additionally, a picture or artist's rendition of the tree, plant or shrub to be planted 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		
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CONTACT MUTUAL MANAGEMENT WITH ANY QUESTIONS: (602) 248-4466

For Office Services Use:

DATE ORDER RECEIVED: _____ DATE ORDER FILLED: _____