

**Alterations Request Form**

Request Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Alteration Requested: \_\_\_\_\_

(each request must be submitted on a separate form for approval)

Please describe the nature of the alteration and the plan for returning the home or area affected to the original condition prior to vacating the home.

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Alteration Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resident Signature: \_\_\_\_\_

Resident Name (Please Print) \_\_\_\_\_

Management Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Request Approved: \_\_\_\_\_ Request Denied: \_\_\_\_\_