

42822 Garfield Road, Suite 105 Clinton Township, Michigan 48038 TEL (586) 228-1060 • FAX (586) 228-8346

Property Management - Real Estate - Management Consultants

CONDOMINIUM ASSOCIATION MODIFICATION REQUEST FORM

Address:		Home Phone:
		Work Phone:
E-mail:	Onit Number	Call Phone:
L-IIIaII		Cell Phone:
Requested Modification R	equest:	
=	•	Landscaping
Structura	Apperance I	- Other
Ciraciana	•	
Explanation of Modification	n: (A picture <u>MUST BE INCL</u>	UDED with this form, i.e. door style, window, etc.)
Work to be performed by:	(Please enter name of Contra	actor)
Please read the following	Guidelines closely before sign	ning:
 I have read and understand a All maintenance and upkeep I understand that, should the Any maintenance costs incur I understand that it is my res I understand that it is my res I agree to hold harmless Starmodification. 	red by the Association as a result of this modificat consibility to advise future assigns, purchasers or consibility to provide insurance for the above modi	ents and agree to abide by them. expense and in a timely manner. e, at any time in the future, modifications to this variance, the modifications will be completed at my expense. ion will be paid by me.
 I understand and agree that the without liability to assigns, my 	susequent purchasers to me, to remove the mod	n in the chain of title to my unit. r Common Elements and if the modification requested impairs exercise of this right, the Association, is entitle ification as needed for maintenance and repairs to the Common Elements. s, the Association can maintain or remove it ay my expense and without liability to assigns, my future
Modification Request Form to 14. I understand and acknowledge	the Board for consideration is necessary before	nence legal action to enforce the terms of this Modification Request Form, I will be fully responsible to pay all
Signature of Co-Own	er(s):	Date:
	DO) NOT WRITE BELOW LINE
Approved by:		Date:
	Board Member Signature Only	

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