

Unit Alteration Request Form

Please Submit To The Maintenance Committee For Review
Once Filled Out

**ALTERATION REQUEST MUST BE APPROVED
BEFORE STARTING WORK**

UNIT NUMBER _____ NAME _____
DATE SUBMITTED _____

1. Area where alteration is going to be done (please circle one below and specify location)

Interior Exterior

Specify location (ex. front, rear, basement, kitchen): _____

2. List the alterations that are going to be done (ex. changing exterior light, installing a wall, etc.): _____

3. Who will be doing the work: _____

NOTE if a contractor is going to be doing the work please list the name of the contractor or company and provide a copy of the invoice or letter for file: _____

PLEASE NOTE THAT ANY ALTERATION IS SUBJECT TO INSPECTION BY THE MAINTENANCE CO-ORDANATIOR AND OR SOMEONE FROM THE MAINTENANCE COMMITTEE. ALL ALTERATIONS MUST COMPLY TO THE CO-OP'S BY-LAWS PERTAINING TO THE SPECIFIC ALTERATION AND ANY OUTLINED CONCERNS THAT THE MAINTENANCE COMMITTEE MAY HAVE LISTED.

OFFICE USE ONLY

Concerns pertaining to the work that is being done: _____

APPROVED: _____ **DECLINED:** _____

SEE REVERSE SIDE FOR REASON IF DECLINED

DATE OF APPROVAL/DECLINE _____

APPROVED BY _____