

**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.



Alteration Description:

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

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

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

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

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