

WILLOWBEND COMMUNITY ASSOCIATION, INC.

A Corporation Not-for-Profit

NEIGHBOR NOTIFICATION FORM

This is to certify that the undersigned has notified the adjoining neighbor(s) to undertake

Name of Requested Project on Associated ACR form

requested at my residence _____

Homeowner's Address on ACR form

Adjoining Neighbor No.1

Name: _____

Address: _____

Signature: _____

Date: _____

Adjoining Neighbor No.2

If Applicable

Name: _____

Address: _____

Signature: _____

Date: _____

* * * *

I acknowledge my full financial responsibility to restore to original condition the property of my neighbor(s) and the common property of the Association in the event of any damage to either personal property or that of the Association (e.g., but not limited to, landscaping, irrigation etc.). As necessary, I agree to timely coordinate with the Property Manager for the use of designated contractor firms to accomplish corrective work to Association property.

Homeowner's Name, printed, as it appears on the Associated ACR form

Homeowner's Signature

Date

Please attach this form to the associated Architectural Change Request (ACR) form and submit to the Property Manager's Office.

Proponent:
Architectural Review Committee

Neighbor's Permission
November 2006