



River Oaks Homeowners Association *Request for Change*

NAME: _____ DATE: _____

ADDRESS: _____

COMPLETE DESCRIPTION OF REQUEST: _____

ESTIMATED DATE OF COMPLETION: _____
SIGNATURE _____ DATE _____

REVIEW MIDWAY OF PROJECT: _____
SIGNATURE _____ DATE _____

REVIEW OF COMPLETION: _____
SIGNATURE _____ DATE _____

PLANS / DRAWINGS ATTACHED: YES NO

PROJECT IF APPROVED MUST BE CONSTRUCTED AS APPROVED:

OWNER _____ DATE _____

IF REJECTED STATE REASON: _____

APPROVED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

HOMEOWNER: _____ DATE: _____