OLD FORGE CROSSING CONDOMINIUM ASSOCIATION

REQUEST FOR ALTERATIONS

Old Forge Crossing Unit No:	Date Submitted:
Name of Unit Owner:	_
Phone (Mobile):	(Home:
Email Address:	
Description of alteration to Unit or Common Elemer	nt. Include colors, shades of colors, kinds of surfaces and size:
Contractors Email:	
	rossing Condominium Association as Certificate Holder is the Management Office prior to the commencement of work.
The unit owner is responsible for compliance with the Regulations regarding the alteration request.	ne specifications detailed in the Old Forge Crossing Rules and
Gardens:	Doors:
Patio:	Storm doors/windows:
I have received and understand the Alteration Polic	y of Old Forge Crossing.
Signature	
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
For Board Use	
Date Received:	
Approved: Approved as Noted:	: Disapproval/Resubmit: