The Falls at Vail Homeowners Association

Architectural & Construction Request Form

Homeowner's Name(s):	
Property Address:	
Mailing Address (if different):	
Phone Number: Email	l:
I/we request approval of the installation of the following alte	erations to our property:
Contractors Performing the Work (if more than two, please in	nclude additional information on back of page):
Name:	Phone:
Email: Addre	ess:
Name:	Phone:
Email: Addre	ess:
HOMEOWNER'S SIGNATURE:	DATE:
BOARD MEMB	ER USE ONLY
Date Received: Date Reviewed:	Date of Response:
Approved Conditional Denie	ed Request Further Information
Comments/Conditions:	
Board Member Signature	Board Member Name/Title