



## Alterations Request

Resident Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Alteration Request: \_\_\_\_\_

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:

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

New construction, additions or alterations by residents to Soaring Heights' homes, including garages, carports, patios and surrounding grounds are not allowed. Residents will not nail, screw, staple or bolt items into any exterior siding or roof (please see resident guide for approved methods for displaying holiday lighting). This policy is inclusive of satellite dishes.

Unless the resident has written permission from Soaring Heights to leave the alteration in place, alterations will be removed and the cost to restore the area or housing structure to its original condition will be done at the resident's expense prior to the resident's move-out. Residents are liable for damages to houses and yard areas resulting from alterations.

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

### Office Use Only Below This Line

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

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

Contacted Resident:

Date: \_\_\_\_\_ RSC: \_\_\_\_\_ Left Message: \_\_\_\_\_ Spoke to Resident: \_\_\_\_\_

