

GEORGETOWN HOMEOWNERS ASSOCIATION REQUEST FOR SERVICES

DATE: _____

NAME OF HOMEOWNER: _____

ADDRESS OF HOMEOWNER: _____

PHONE NUMBER: Home: _____ Cell: _____

EMAIL ADDRESS: _____

DESCRIBE IN DETAIL THE NATURE OF YOUR REQUEST: _____

REQUEST **MUST** BE SUBMITTED TO ANY GEORGETOWN HOMEOWNERS ASSOCIATION BOARD MEMBER

RESPONSE TO: _____

FROM: GHA ARCHITECTURAL CONTROL COMMITTEE/ GHA BOARD

REQUEST APPROVED AS SUBMITTED: _____

REQUEST APPROVED WITH THE FOLLOWING ALTERATIONS: _____

REQUEST DENIED FOR THE FOLLOWING REASONS: _____
