

ASSOCIATION

(Please fill out Association name or this form will not be processed)

MODIFICATION APPLICATION

Date of Application: _____

Unit Owner: _____

Address: _____

Daytime Phone: _____ **Evening Phone:** _____

NATURE OF MODIFICATION:

Location: _____

Dimension (if applicable): _____

Construction Material (if applicable): _____

Installer/Contractor: _____

**A REPRESENTATIVE DRAWING OF ALL PROPOSED IMPROVEMENTS
MUST BE ATTACHED TO SHOW LOCATION AND DIMENSIONS.**

**As of the approval date of this alteration, I accept full responsibility for all the
upkeep of the altered area and to maintain it in a safe condition.**

Signed: _____ **Date:** _____

Received By: _____ **Date:** _____

Approved By: _____ **Date:** _____

Reason for Disapproval:

Please mail or fax application to:

Association Name
**C/O MC Property Management Corp.
2299 Country Club Drive
Woodridge, IL 60517
Fax 630-985-2583**