

Architectural Alteration Request Form

(Type in information below, save, then email or print out form)

Your name:

Your address/unit #

Today's date:

Your phone #

Date work will start

Date work will end:

Description of proposed work (please be very specific):

Office use only

Date:

Approved by:

Signature:

**Sylvan Heights Homeowners
Association**

7600 SW Barnes Rd
Portland, Oregon 97225