

ARCHITECTURAL & LANDSCAPE CONTROL COMMITTEE
REQUEST TO INSTALL A SKY-LIGHT

FAILURE to COMPLETE this FORM and OBTAIN APPROVAL
PRIOR to INSTALLATION WILL RESULT in a MINIMUM \$100.00 FINE

THIS PROCEDURE MUST BE FOLLOWED for DEPOSIT RETURN

NAME: _____

___ ADAMS

ADDRESS: _____

___ BURNHAM

PHONE: _____

___ CLARK

___ DEARBORN

___ EVANSTON

DATE SUBMITTED: _____

\$250.00 security deposit is required.

OWNER'S SIGNATURE: _____

DESCRIBE the PROPOSED LOCATION of the SKY-LIGHT, including a diagram of
structural changes needed: _____

NAME, ADDRESS & PHONE OF CONTRACTOR: _____

Approvals require both A&LCC and Townhome Maintenance Department concurrence.

DATE APPROVED: #1 ____ (INIT. ____) **#2** ____ (INIT. ____) **#3** ____ (INIT. ____)

APPROVED WORK *MUST* BE STARTED WITHIN 40 DAYS OF APPROVAL
OR A NEW APPROVAL WILL BE NECESSARY.

NOTE: Page 2 must be signed before approval process can be initiated!

-05.17-

ACACIA ASSOCIATION RELEASE FORM

1. I (we), the undersigned, title holder(s) of the townhome located at _____, Indian Head Park. Illinois 60525, do hereby release The Acacia Association from any and all roof repairs relating to a sky-light installed at the afore-said address;
2. Furthermore, I am (we are) relinquishing any and all liability of The Acacia Association both from the sky-light materials used and structural damages or losses sustained which may be associated with the sky-light installation.

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____