

ALCC request for reimbursement FRONT DOOR

Name: _____

Address: _____

Phone: _____

Front Door Replacement _____

- Reimbursement will be \$150.00 or 50% of the cost of the front door (lesser amount)
- Door color must be on approved list.
- Resident must have submitted ALCC Request for Approval form and \$250.00 deposit
- When work is complete and inspected resident must turn in copy of receipt to Acacia office

Front Door Painting _____

- Reimbursement will be \$75.00
- Door color must be on approved list.
- Resident must have submitted ALCC Request for Approval form and \$250.00 deposit
- When work is complete and inspected resident must turn in copy of receipt to Acacia office

Signature: _____ **Date:** _____

Date Approved: _____ (Initial _____) ALCC Director

_____ (Initial _____) Townhome Director