

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 _____

- Maximum reimbursement will be \$75.00 or actual cost of painting. Whichever is less.
- 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