UNIT IMPROVEMENT REQUEST FORM

Date: ______________________ Unit #: ______________________

Proposed Start Date: ______________________

Estimated Completion Date: ______________________

Project Scope: ______________________

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Permit Required: Yes [ ] No [ ]

Contractor: ______________________ License # : ______________________

Contractor Proof of Insurance: Yes [ ] No [ ]

Engineer: ______________________ License # : ______________________

Type of Work:

Paint [ ] ______________________

Construction [ ] ______________________

Demolition [ ] ______________________

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Plumbing [ ] ______________________

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Electrical [ ] ______________________

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Tile [ ] ______________________

Carpet [ ] ______________________

Other [ ] ______________________

Approved By: ______________________ Date: ______________________

Created 10/20/10