



Architectural Review Request Form

Name: _____

Address: _____

Phone: _____

Email: _____

Location: _____

Project Request: _____

Work Performed By: _____ Estimated Cost: _____

Materials to be used (color, type, model etc.):

Estimated Start Date: _____ Estimated Finish Date: _____

By signing below owner accepts responsibility for the vendors performing the work, any damages associated with the work and all costs for the requested project upon approval.

Owner Signature

Date

Request Process

All requests must be submitted in writing to Alliance Property Management – info@apmutah.com.

The request will then be presented to the association board.

Once a final decision by the board has been determined, Alliance will contact you.

All work is subject to a completion inspection performed by Alliance.

4655 S. 1900 W. Suite #6 Roy, UT 84067

Phone: (801) 728-0454

Fax: (801) 728-0455

Email: info@apmutah.com

Web: www.apmutah.com