

Eaglewood Homeowners' Association
Mail: c/o PMSI, PO Box 92130, Anchorage, AK 99509-2130
FAX (907) 696-6962

GARAGE DOOR APPLICATION

UNIT LOCATION and IDENTIFICATION: (completed by Homeowner)

Homeowner Name

Lot ____

Blk ____

Mailing Address

Street Address

Work Phone

Home Phone

APPLICATION DATA: (completed by homeowner)

I/We request approval to replace my/our garage door with the type (material) and color shown in the attached samples:

Proposed Product / material _____ / _____

Proposed Product / Color _____ / _____

I/We will complete the garage door project in one summer season by September 30, 20__.

I/We understand that the garage doors on zero lot line homes must match.

Homeowner Signature

Date Mailed

APPLICATION REVIEW: (completed by the Design Committee):

Your garage door color and material selection(s) are:

__ **Approved** (You may proceed with the material and the color submitted.)

__ **Conditionally Approved** (Provided you make the following plan modifications.)

__ **Disapproved** (You may resubmit revised materials/colors for another review.)

Design Committee Reviewers (Please sign and date.)

1. Signature_____ Date:

2. Signature_____ Date:

3. Signature_____ Date:

Handling:

Original to Unit File
Copy to DC/BOD Read File
Copy to Homeowner/Member