Oak Ridge Meadows – 2017 PAINT SCHEDULE

Color Change Request to the Architectural Control Committee (ACC)

Date:		2017		
Name:				
Address:				
Telephone:	Home	Cel	Cell	
Email addre	ess			
	est the following ections must be made from			
<u>ITEM</u>	COST per unit	Requested Color		
Siding	\$150			
Shutters	\$ 40			
Door	\$ 25 PER side			
Trim	\$215			
be submitte	ding change is requested, ed. I understand that my uired to submit a check oval has been granted b	request must receiv made payable to Oak	e PRIOR APPROVAL	of the ACC and that I
Signed:	(Name of Homeowner)	(Address)	Date:	
Signed:	(Name of Homeowner)	(Address)	Date:	
Architectu	ural Committee Revie	w		
	Your request has be Your request has be		CC. due to the following rea	ason:
Signed:	Architectural Contr	rol Committee	Date:	