

Alteration Request Form

Request Date: _____

Resident Name: _____

Address: _____

Alteration Request:

Please describe the nature of the alteration and the plan for returning the home to the original condition, prior to vacating the home.

Resident Signature: _____

Resident Name (Please Print): _____

Management Signature: _____

Management Title: _____

Date: _____ Request is: Approved / Not Approved (Circle one)

Management Comments:

Note: Approved fencing must be removed and holes filled prior to move out. Rooms that were painted must be returned to their original color. Other approved interior alterations must be removed / restored to pre-move in condition or the resident will be charged to remove / restore the alteration that was made according to the lease agreement.