

The Fairways at Lakeside Community Association, Inc.

Property Modification Request

Date of Request: _____

Owner Name: _____

Resident Name (if different than above): _____

Phone Number: _____

Property Address: _____

Date Work Intended to Begin: _____

Date Work Intended to End: _____

Contractor Performing Work: _____

Detailed Description of Improvement(s): _____

Please provide at least two (2) color photo examples of intended improvement(s).

Owner Signature: _____

HOA Signature for Approval: _____

*Form may be returned via email or hand delivery to any Board Member, or may be mailed to:
Fairways at Lakeside Community Association, PO Box 54897, Lexington, KY 40555*