

Emerald Crest

NOTICE OF COMPLETION

OWNER: _____

PROPERTY ADDRESS: _____

PHONE: _____

EMAIL: _____

IMPROVEMENT DESCRIPTION: _____

By signing or entering your name on this form the Homeowner certifies that the project has been installed as approved by the ARC.

HOMEOWNER ACKNOWLEDGMENT

DATE

RETURN COMPLETED, SIGNED FORM TO:

Email: admin@performance-cam.com

Fax: (702) 331-4188

Office: 5135 Camino Al Norte Suite 100 North Las Vegas NV, 89031

The Emerald Crest Homeowners Association may contact you to request and inspection of completed modification.

FOR OFFICE USE ONLY

INSPECTION REQUESTED: [] YES [] NO

DATE INSPECTED: _____

COMPLIANT WITH APPROVAL: [] YES [] NO

ARC SIGNATURE: _____