

Condominium Management Associates, LLC

CONDOMINIUM ASSOCIATION MODIFICATION REQUEST FORM

Co-	Co-owner Name: Phon	ne#		
Add	ddress:Unit	#		
Req	Requested Modification:			
Exp	explanation of Modification:			
PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:				
	 All applicable state and local codes and regulations will be obtained at my/our expense. I have read all applicable sections of the Bylaws and understandard 	· -		
3.	 3. All maintenance to this modification will be performed at my/our expense. 4. I understand that, should any legal regulatory agency require, at any time in the future, modifications to this variance, they will be done at my/our expense. 			
	5. I will pay any maintenance costs incurred by the Association a 6. I understand it is my responsibility to advise future assigns or			
7.	the same. 7. I hereby certify all of the above information is truthful and acc	urate.		
	Date:			
	Co-Owner Signature(s) *Please attach any supporting documents such as specifications.*			

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Condominium Management Associates, LLC

Notes	s From Board/Property Manager:		
Roard	l Approval:	Date:	
Doura	. rippiovai.	Dutc	
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