MODIFICATION REQUEST FORM

| Requested By: | | Unit Number: |
|--|---|---|
| Signature of all Unit Owners: | | Date: |
| | | Date: |
| Modification Description | on: | |
| | | |
| | | |
| | equired by City/Town of? Yes mit attached? Yes | No |
| Name of Contractor or | r person performing work? | |
| the contractor's license a Group, 20 Summer Stree decision. No response of received or it was tabled. | or plan of modification, and any contractor's bid and a Certificate of Insurance. Send these along t, Stamford, Ct., 06901. <u>Please Note</u> : You will does not indicate that the Request is approved. . Please contact Pyramid. | g with this form to: Pyramid Real Estate be notified in writing of the Board's It may indicate that the Request was not |
| Association Use Only | | |
| Approval of other affect | cted Units: | |
| Unit # | Approval (sign) | Date: |
| Unit # | Approval (sign) | Date: |
| Unit # | Approval (sign) | Date: |
| Record Modification in | on? Yes No on? Yes No Owner Association Land Records Yes No | |
| Approval by Board of I Approved Signature _ | Directors , President | Date: |

