**CLARENDON ESTATES HOMEOWNER REQUEST FORM**

***\*Form must be signed by the homeowner in order for Board to process***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOMEOWNER INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST DETAILS**: Succinctly describe the nature of your request. Provide adequate detail for Board follow-up and response.

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**REGULATION**: If applicable, state the related Rule and Regulation, CC&R, and/or by-law.

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**SIGNATURE OF HOMEOWNER**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE SUBMIT COMPLETED FORM TO:

**CLARENDON ESTATES HOA C/O LAURE HADDER, CPA**

**1516 VILLAGE HARBOR DRIVE**

**LAKE WYLIE, SC 29710**

**PHONE (803) 831-0263**

**FAX (803) 831-5416**

**Email: BOARD@CLARENDONESTATES.COM**