



# Alteration & Addition Form

## Resident Information

**Date:** \_\_\_\_\_  
**Villa Number:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Resident Name:** \_\_\_\_\_

### Type of Alternation / Addition

- |                                    |                                    |  |                                     |
|------------------------------------|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Auto Door | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Air-Conditioner | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Flooring  | <input type="checkbox"/> Glazing   | <input type="checkbox"/> Lighting        | <input type="checkbox"/> Locksmith  |
| <input type="checkbox"/> Painting  | <input type="checkbox"/> Plumbing  | <input type="checkbox"/> Roofing         | <input type="checkbox"/> Other      |

### DESCRIPTION OF WORKS:

Please attach quotes, and/or any plans or details (including materials used) that will support your application in being processed efficiently. Delays in decision process or rejection of request will result if information supplied is not sufficient.

**WE WILL BE IN CONTACT WITH YOU 1 WEEK FROM DATE OF RECEIPT OF THIS FORM UNLESS WE NEED TO CONTACT YOU EARLIER TO CONFIRM INFORMATION PROVIDED.**

### OFFICE USE:

Approved:

Declined:

\_\_\_\_\_  
*Manager Signature*

\_\_\_\_\_  
*Date*