

# THE SHORES

PROPERTY OWNERS ASSOCIATION, INC.

## SATURDAY WORK REQUEST

(REQUEST MUST BE SUBMITTED ONE WEEK PRIOR TO WORK COMMENCING)

**TO:** THE SHORES PROPERTY OWNERS ASSOCIATION, INC.  
ARCHITECTURAL REVIEW BOARD

**FROM:** PROPERTY OWNER: \_\_\_\_\_  
LOT NUMBER: \_\_\_\_\_  
PRESENT ADDRESS: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
DATE SUBMITTED: \_\_\_\_\_

CONTRACTOR (LICENSED): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**PLEASE PROVIDE THE ARB WITH DETAILS OF YOUR PROPOSED SATURDAY WORK**

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DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_