

# CAMPUS WALK MODIFICATION REQUEST

## Balcony only

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

Owner:	Day Phone:	Cell Phone:
Address:		Unit #:

DESCRIPTION OF MODIFICATION: (Below describe type of furniture, how many pieces, etc. which is to be placed on the balcony). If feasible include a picture.


All submissions must be reviewed and approved by the Unit's Owner. All furniture to be placed on the balcony must be outdoor furniture. Sofas, stuffed chairs, etc are not acceptable.

**Furniture may not be placed on the balcony until approval has been received.**

Submitted requests will be reviewed at the next scheduled Board meeting. After review, request will be approved, denied or returned for additional information.

Rec'd. By CW:	Action:	Date:	By:
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Comments:

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