



UNIT IMPROVEMENT REQUEST FORM

Date: _____ Unit # _____

Proposed Start Date: _____

Estimated Completion Date: _____

Project Scope: _____

Permit Required Yes [] No []

Contractor: _____

License#: _____

Contractor Proof of Insurance Yes []

No []

Engineer: _____

License#: _____

Type of Work

Paint [] _____

Construction [] _____

Demolition [] _____

Plumbing [] _____

Electrical [] _____

Tile [] _____

Carpet [] _____

Other [] _____

Approved By: _____

Date: _____