

WALNUT COVE PROPERTY OWNERS ASSOCIATION

ARCHITECTURAL CONTROL COMMITTEE BUILDING/IMPROVEMENT APPLICATION

REQUEST FOR REFUND Of ACC DEPOSIT BY PROPERTY OWNER

Please complete this request for refund form return it to the Association's Property Management Company, either by person, email or mail:

Walnut Cove POA
11182 Apple Tree St
Willis, TX 77318
Phone: 936-701-4036
walnutcovepoa@yahoo.com

<u>Information to Be Supplied by Property Owner</u>	
Lot Description:	Section _____ Block _____ Lot _____
Name of Property Owner:	_____
Contact Information:	_____
	Address _____
	City _____ Zip _____
	Telephone and Email _____
1.	Has all construction activity on the residence been completed? YES or NO
2.	Has ALL construction trash and debris been removed from the property? YES or NO
3.	Does the property address visible and registered with 911? YES or NO
Request Submitted by:	_____ on _____, _____
	Property Owner Date
Request Approved by:	_____ on _____, _____
	Architectural Control Committee Date

Refund of the Building Deposit will be mailed within thirty (30) days from the date this request is approved by the Architectural Control Committee.

Amount of Original Deposit \$ _____

Amount of Approved Refund \$ _____

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