

**Board of Directors/**  
**Architectural Control Committee**  
**Request for Hearing Form**

All information will be required to be completed before a hearing to be set in this matter.

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Lot #: \_\_\_\_\_

Date you purchased your home: \_\_\_\_\_

Date you received your first notice: \_\_\_\_\_

Date you received your second notice: \_\_\_\_\_

State the reason you are requesting a hearing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Note: You will be contacted within 14 days after receipt your request. Additionally, please attach all necessary documentation that you will submit at the hearing along with this request.**