

**ASSOCIATION ALTERATION REQUEST FORM  
REVISED 08/2020**

ASSOCIATION NAME: \_\_\_\_\_

PRESIDENT: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR/OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

REQUEST DESCRIPTION (include attachments): \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS/ASSOCIATION/OWNER RESPONSIBILITIES**

1. The executing contractor's proposal along with a sketch of the alteration **MUST BE ATTACHED TO THIS FORM** detailing dimensions, materials, colors and distance from the foundation/exterior perimeter of the unit and or project area.
2. It is the Association's responsibility to notify the Master Association as soon as work is completed so we can do a final inspection.
3. Any irrigation modifications required are the sole financial responsibility of the Associations.
4. The Association will be financially responsible for any damage to the irrigation system caused by the Contractor or Association during the course of the project.

\_\_\_\_\_  
ASSOCIATION OFFICER SIGNATURE - PRINT NAME & DATE

*Complete Page 2, Over*

**LANDSCAPE and/or BUILDING ALTERATION or IMPROVEMENT DETAILS:**

- 1. Show location of landscape and/or building alteration or improvement**
- 2. Provide landscape alteration/bed area or improvement dimensions in feet**
- 3. Attach any additional information and/or pictures**

**Unit/Building**

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**MASTER ASSOCIATION'S ACTION**

**WORK ORDER #** \_\_\_\_\_

**Master Management Reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return Completed Form to: SCCW Master Association • 1902 Clubhouse Drive • Sun City Center, Florida 33573**  
Or Email to [irrigationlinecheck@kpmaster.com](mailto:irrigationlinecheck@kpmaster.com)