

WWS

Date received: _____

Rcvd by: _____

For office use only

This application and any additional
documentation must be submitted to:

100 Westwood Dr.

Trinity, TX 75862

Email: acc@westwoodshorespoa.com

Fax: 936-594-7062



CHANGE REQUEST

Please describe the change to be considered:

Property Owner Information:

Name(s): _____

Legal Description: Section _____ Block _____ Lot(s) _____

Property Address: _____

Mailing Address: _____

Home Phone: _____ Cell: _____ Other: _____

Email 1: _____ Email 2: _____

REQUIRED DOCUMENTATION FOR INITIAL APPLICATION

Each Application must include the following (Your application will not be deemed complete until these items are received.):

- ☐ Two (2) completed and signed change requests.
- ☐ Two (2) copies of any documentation submitted with your original application which will be affected by this change.
(i.e. if paint color is requested to be changed, include materials and specifications, if the structure is being moved to a new location on the lot, include a new site plan and form survey)

Owner's Signature: _____

*These may be combined.