Tall Timbers Homeowners Association

Request for Variance to Covenants

Date:	
Name:	
Address:	
Phone:	
Email:	

Violation Concern(s):

Variance Request: ***Include specific plan to correct violation concerns.***	**Anticipated Completion Dates**

As requestor of this variance, I agree to complete the steps as outlined above.

If for any reason, I am unable to complete the plan as projected, I will notify the Value Assurance Committee immediately.

Signature of Requestor: **Date:**

Approval by TTHA Board of Directors: **Date:**

You will be notified in writing as to the approval status of this request. Thank you for your commitment to the TTHA.

Please sign and date any attachments to this form.