

	PAINTING REQUES	ST FORM
Owner's Name:	House	Address:
Owner's Mailing Address	(if different):	
Phone #:	e-mail:	
To: Oakridge Estates Arcl	hitectural Review Committe	e (ARC):
We request your app Association's approved co	•	rith a new color scheme # per the
Stucco color	, trim color	, accent color
It is recommended to pres	ent color swatches to Archi ches the approved colors of	result in the homeowner having to repaint. itectural Committee to ensure that the color the Homeowner's Association.
Owner's Signature		// Date
Do not write below this line		
O APPROVED on	rchitectural Committee has recommittee has rec	•
ARC Signature // Date		ARC Signature //

Thank you for your efforts in maintaining the look of your property and the quality of the neighborhood.