

RIVER VALLEY RANCH MASTER ASSOCIATION

ADMINISTRATION REVIEW REQUEST AND CONTACT FORM

BLOCK/LOT: _____

LOT OWNER NAME: _____

MAILING ADDRESS: _____

RVR ADDRESS: _____

PHONE (HOME): _____ **PHONE (CELL):** _____

FAX _____ **PHONE (OTHER):** _____

EMAIL (PRIMARY): _____ **EMAIL (SECONDARY):** _____

Project Description

OWNER'S REPRESENTATIVE (IF APPLICABLE) _____

NAME: _____

MAILING ADDRESS: _____

PHONE (BUSINESS): _____ **PHONE (CELL):** _____

FAX _____ **PHONE (OTHER):** _____

EMAIL (PRIMARY): _____ **EMAIL (SECONDARY):** _____

LICENSED ARCHITECT (IF APPLICABLE) _____

NAME: _____

MAILING ADDRESS: _____

PHONE (BUSINESS): _____ **PHONE (CELL):** _____

FAX _____ **PHONE (OTHER):** _____

EMAIL (PRIMARY): _____ **EMAIL (SECONDARY):** _____

BUILDER (IF APPLICABLE) _____

NAME: _____

MAILING ADDRESS: _____

PHONE (BUSINESS): _____ **PHONE (CELL):** _____

FAX _____ **PHONE (OTHER):** _____

EMAIL (PRIMARY): _____ **EMAIL (SECONDARY):** _____

I have read and understand the Master Design Guidelines, DRC correspondence and agree to abide by all requirements and regulations set forth in the Covenants and the Master Design Guidelines.

Signature of Property Owner

Date