

VILLAGE AT RIVERBEND CONDOMINIUM ASSOCIATION  
c/o Lincoln Condominium Management Group P. O. Box 37  
Campton, NH 03223 603-381-7051

REQUEST PERMISSION TO INSTALL EXTERIOR AWNING

Unit Number \_\_\_\_\_

Owner(s) Name:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

I/we \_\_\_\_\_ the owner(s) of Unit # \_\_\_\_\_,  
request permission to install an EXTERIOR AWNING to this unit.

The color will be a solid neutral color gray or beige.

Specify location: \_\_\_\_\_

The contractor will be:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Workers Compensation Policy #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

General Liability Policy #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

A copy of the certificate of insurance from the contractor is attached. \_\_\_\_\_

Signature(s) \_\_\_\_\_ Unit Owner(s)

Approval by Directors : \_\_\_\_\_ Date: \_\_\_\_\_

