

ARCHITECTURAL CHANGE DEPOSIT REFUND REQUEST

OSPREY COVE HOMEOWNER'S ASSOCIATION

c/o Coastal Property Management

10 SE Central Parkway, Suite 400

Stuart, FL 34994

Phone: 772-600-8900 Fax: 772-266-9801

Name of Applicant/Homeowner

Address of Unit

Address of Applicant (if Different)

Telephone Number

Brief Description of Completed Project:

The undersigned acknowledges that they have followed all the requirements and conditions of the approved project. They also acknowledge that all were approved by the ARB and were performed by a qualified contractor, or per the approval.

(Applicant's Name): _____

Applicant's Signature

Date: _____

SECURITY DEPOSIT CHECK REQUEST

Osprey Cove Homeowner's Association

MAKE CHECK PAYABLE TO: _____

AMOUNT OF CHECK: \$ _____

MAIL CHECK TO THE FOLLOWING ADDRESS: _____

When the project is completed please return this form to Coastal Property Management