

Civano I Neighborhood I Association, Inc.  
Request for Reasonable Structural Modification to Accommodate a Disability

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

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

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Mailing Address if different than above: \_\_\_\_\_

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

Describe the structural modification you are requesting to the exterior of the dwelling unit in which you reside or to the Association's common area, and submit this completed form to the Association's management office. Please include details pertaining to the modification, such as drawings, brochures, photos, paint chips, building material list:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_