

TO: Recreation Activities Manager				
	CLUB NAME:			
_	CONTACT PERSON & PHONE #			
	CLUB LOCATION			
	DATE:			

**	REQUEST FOR INTERIOR REMODELING OF EXISTING				
SUN CITY WEST	CLUB QUARTERS	CLUB LOCATION			
Arizona's Premier Active Adult Golf Community		DATE:			
1. BRIEF DESCRIPTION	OF REQUEST: (Note: attach a sim	nple drawing to allow for meaningful review):			
2. JUSTIFICATION FOR REMODELING: (Note: attach additional sheets of paper if necessary. Clearly indicate					
the perceived impact if the remodeling is not approved.)					
3 DESCRIPTION OF AD	DITIONAL EQUIPMENT NEE	DS AND ESTIMATED ITEM COST TO DE			
3. DESCRIPTION OF ADDITIONAL EQUIPMENT NEEDS AND ESTIMATED ITEM COST TO BE INCLUDED AS PART OF THE REMODELING REQUEST:					
4. TOTAL ESTIMATED COST OF REMODELING (As determined by the Association Maintenance Manager):					
5. CLUB MEMBERSHIP					
Date of meeting to vo	te on issue	(Note: Attach a copy of minutes)			
6. Club Funds Available to	o Support Remodeling:				
	l				
SIGNED					

SIGNED		
	PRESIDENT:	DATE: