Name: _____
Address: _____
_____
_____
Phone: _____
Lot #: _____

The Highlands Homeowner's Association, Inc.

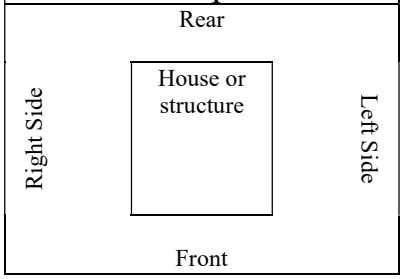
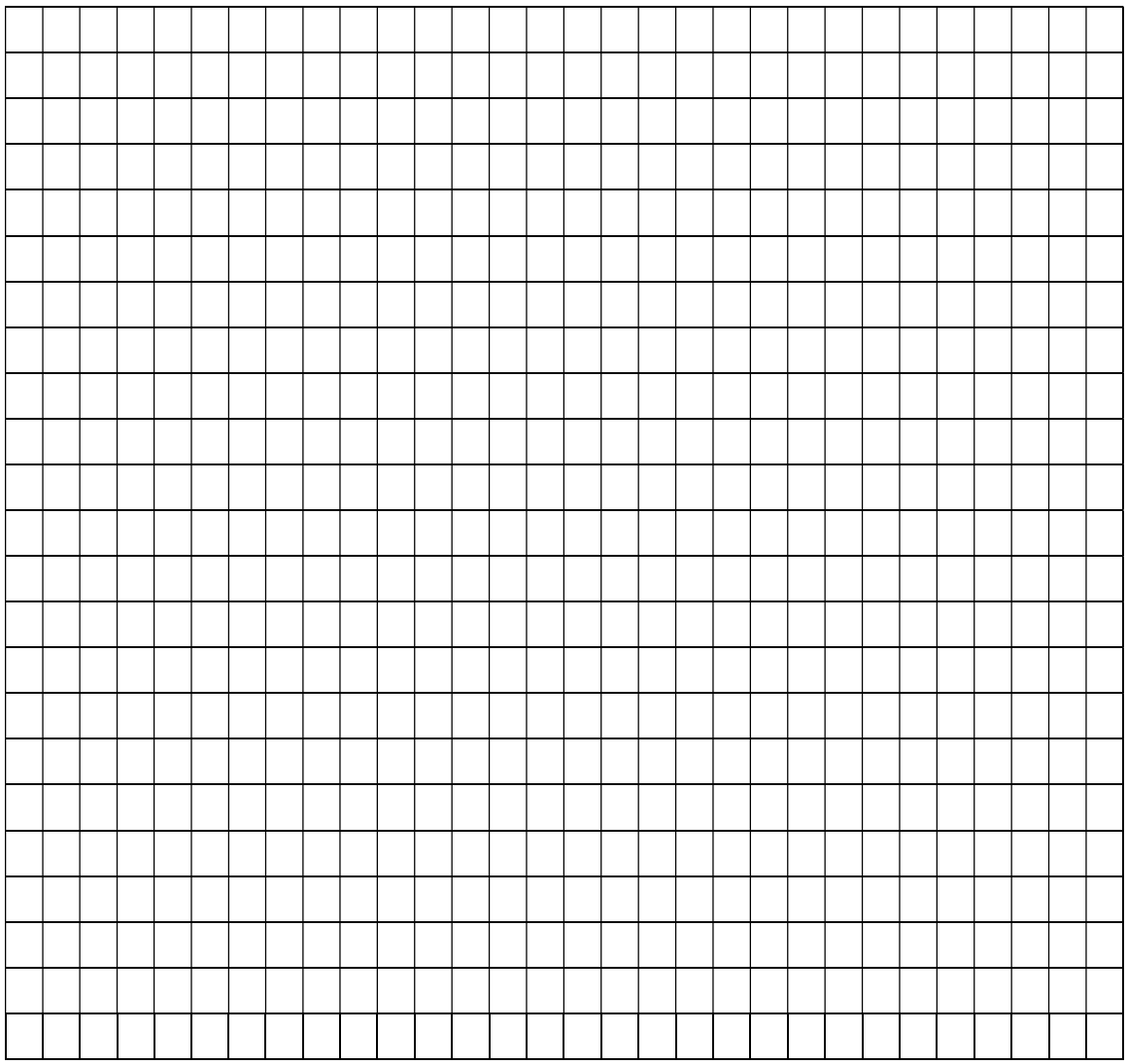
Architectural Change Application

Return to:
PO Box 235 Chesapeake Beach, MD 20732

Recvd: _____
Forward to: _____
Recvd (Committee) _____
Date: _____

Type of proposed change, installation, or modification:

Sample



*Mark North