



RESIDENT WORK REQUEST FORM

Please submit this form prior to performing any exterior work on your home as outlined in your Guidelines for Community Living.

Fill out this form and mail to:

Spring Valley Village, LLC
P.O. Box 90
Spinnerstown, PA 18968

Please allow 10 business days for review of your request. No work may begin unless you receive written approval from management. Please note that contractor's general liability ***and*** workers compensation insurance ***must*** be provided to us ***prior to*** commencement of work naming Spring Valley Village LLC, as additional insured, with minimum amounts of \$300,000 for each occurrence and \$600,000 general aggregate.

Additionally, you are responsible for contacting Washington Township at 610-845-7760 for any and all necessary required permits and PA1 Call at 1-800-242-1776 ***prior to any digging*** on or near the property.

Date: _____ **Name:** _____ **Lot#:** _____

Address: _____

Description:

We request the following improvement(s) to be made to our home:

By: _____ **By:** _____

Drawing:

You must attach a detailed drawing with dimensions of your request with this form